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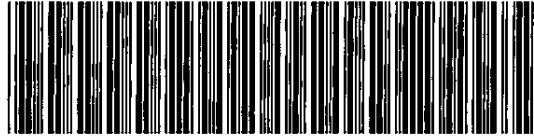
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TALLAHASSEE, FLORIDA

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* ALSO ADMITTED TO PRACTICE IN NEW YORK AND NEW JERSEY

August 29, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: OLD CITY ADVANCED VEIN SERVICES, LLC

Dear Sir, dear Madam:

Enclosed herewith please find the original together with one fully executed copy of the Articles of Organization for **OLD CITY ADVANCED VEIN SERVICES, LLC**.

I have also enclosed my check in the amount of \$125.00 to cover the filing fees and costs of a certified copy of the above Articles after filing with your agency.

You will see that the Articles contain, as a part thereof, the required declaration of Resident Agent.

If you should have any questions or concerns, please do not hesitate to contact this office at your earliest convenience.

Very truly yours,


Glenn Cotter
Legal Assistant

Encl.

**ARTICLES OF ORGANIZATION
OF
OLD CITY ADVANCED VEIN SERVICES, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: OLD CITY ADVANCED VEIN SERVICES, LLC.

**ARTICLE II
ADDRESSES**

The initial mailing address of the Company is 4471 Carolyn Cove Jacksonville, Florida 32258.

**ARTICLE III
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is Jason C. McLeod, 4471 Carolyn Cove Lane South, Jacksonville, Florida 32258.

**ARTICLE IV
MANAGEMENT**

The Company is to be managed by the members and is therefore, a member managed company.

**ARTICLE V
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 28 day of August, 2006. In accordance with Section 608.408(3), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By: Jason C. McLeod
Cardiovascular Concepts, Inc., Member
A Florida Corporation
By: Jason C. McLeod
Its: Director

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

I, Jason C. McLeod having been named to accept the service of process for OLD CITY ADVANCED VEIN SERVICES, LLC, certify that I am a permanent resident of Duval County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

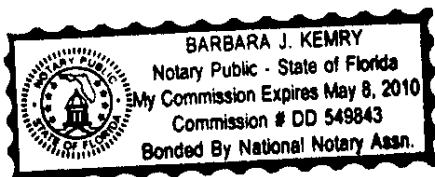
DATED at St. Johns County, Florida, this 28 day of ~~June~~, A.D., 2006.
August

By: Jason C. McLeod
Cardiovascular Concepts, Inc., Member
A Florida Corporation
By: Jason C. McLeod
Its: Director

STATE OF FLORIDA)
COUNTY OF ~~DUVAL~~)
 St. Johns

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Jason C. McLeod, to me personally known and known to be the person/entity described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 28 day of ~~June~~, A.D., 2006.
August



Barbara J. Kemry
Notary Public, State of Florida
Printed Name: **BARB KEMRY**
My Commission expires: