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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN NUV 1 6 2006

SHEPPARD & SHEPPARD, P.A. ATTORNEYS AT LAW

1301 PLANTATION ISLAND DRIVE SOUTH SUITE 204 ST. AUGUSTINE, FLORIDA 32080

TELEPHONE: (904) 461-1411 FACSIMILE: (904) 461-1412 www.sheppardpa.com

SEAN P. SHEPPARD*
HOLLY SHEPPARD
BRYAN C. GOODE III
D. BRAD HUGHES

. ALSO ADMITTED TO PRACTICE IN NEW YORK AND NEW JERSEY

November 14, 2006

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

RE: PREMIER SLEEP & LUNG CLINIC, LLC

SECRETARY OF STATIONS
GIVISION OF CORPORATIONS
OF NOV 15 PH 1: 45

Dear Sir, dear Madam:

Enclosed herewith please find the original together with one fully executed copy of the Articles of Organization for **PREMIER SLEEP & LUNG CLINIC**, **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 PREMIER SLEEP & LUNG CLINIC, 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: PREMIER SLEEP LUNG CLINIC, LLC.

ARTICLE II ADDRESSES

The initial mailing address of the Company is 1409 Kingsley Avenue, Bldg., #4, Suite A, Orange Park, Florida 32073.

ARTICLE IIIREGISTERED AGENT

The name and street address of the initial registered agent of the Company is Sean P. Sheppard, Esq., Sheppard & Sheppard, P.A., 1301 Plantation Island Drive South, Suite 204, St. Augustine, Florida 32080.

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 13th day of January, 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:

Dinesh D. Patel,

Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

I, Sean P. Sheppard, on behalf of Sheppard & Sheppard, P.A., having been named to accept the service of process for PREMIER SLEEP & LUNG CLINIC, LLC., certify that I am a permanent resident of St. Johns 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 10th day of November, A.D., 2006.

SHEPPARD & SHEPPARD, P.A.

By:

Sean P. Sheppard, Esq.

STATE OF FLORIDA (COUNTY OF ST. JOHNS (COUNTY OF ST

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 Seam P. Sheppard, authorized agent for Sheppard & Sheppard, P.A., a Florida Professional Association, on behalf of the Professional Association, 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 10th day of November, A.D., 2006.

GLENN P. COTTER

Notary Public - State of Florida

Commission Expires Jun 15, 2009

Commission # DD 441285

Bonded By National Notary Assn.

Notary Public, State of Florida

Printed Name:

My Commission expires: