

LOT0000002902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

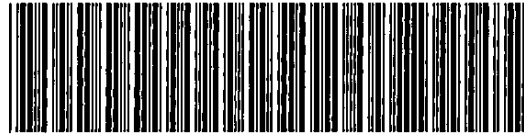
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LOT-2902
OK



vitalMD
Group Holding LLC.

P.O. Box 43-2040 • Miami, FL 33243-2040
P 305.273.4641 • F 305.273.9994

December 11, 2006

Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA U.S. MAIL

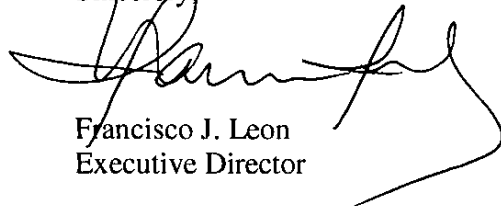
Re: Affiliate Articles of Organization—Dwight E. Benjamin, MD, LLC

Ladies and Gentleman:

Enclosed is an original and one copy of the Articles of Organization for the limited liability company mentioned above. We are also enclosing a check in the amount of \$155.00. This check represents payment for filing fees, a certified copy, and designation of registered agent for the LLC affiliate.

Please file the enclosed Articles of Organization and return the certified copy to the undersigned in the prepaid envelope provided.

Sincerely,



Francisco J. Leon
Executive Director

Enclosure

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I – Name

The name of the Limited Liability Company is:

Dwight E. Benjamin, MD, LLC

ARTICLE II – Address

The mailing address and the street address of the principal office of the Limited Liability Company is:

Mailing and Street
Address:

3225 Aviation Ave., Ste. 500
Miami, FL 33133-4741
Attn: Mitchell A. Yelen

ARTICLE III – Registered Agent and Office

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Registered Agent:

Mitchell A. Yelen

Street Address:

3225 Aviation Ave.
Suite 500
Miami, Florida 33133-4741

ARTICLE IV – Management

The Limited Liability Company is to be managed by one or more Managers and is, therefore, a member-managed company.

Date: December 11, 2006

Dwight E. Benjamin, MD, LLC
a Florida limited liability company

By: _____

Francisco Leon, as authorized agent for
VitalMD Group Holding, LLC,
Manager

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REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Mitchell A. Yelen

Mitchell A. Yelen

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TALLAHASSEE, FLORIDA

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)