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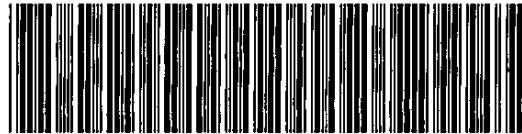
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GLICKMAN, WITTERS AND MARELL, P.A.**

ATTORNEYS AT LAW

THE CENTURION

SUITE 1101

1601 FORUM PLACE

WEST PALM BEACH, FLORIDA 33401

GARRY M. GLICKMAN  
CURTIS L. WITTERS  
BOARD CERTIFIED IN MARITAL AND FAMILY LAW  
WILLIAM J. MARELL  
ELIZABETH A. MONTGOMERY  
CINDY A. CRAWFORD

TELEPHONE  
(561) 478-1111

TELECOPIER  
(561) 478-2433

August 9, 2007

Corporate Record Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, Florida 32301

Reference: **Day & Night Pediatrics, LLC**

Gentlemen:

We are enclosing one original and a duplicate copy of the Articles of Organization for the above referenced proposed company together with a Designation of Registered Agent and Acceptance of Designation. The duplicate copy of the Articles have been subscribed and acknowledged by the subscriber in the same manner as the original.

Please endorse your approval of the Articles of Organization on the duplicate copy, certify and return it to us. Enclosed is our check in the amount of \$125.00 for the filing of these documents

Sincerely,

GLICKMAN, WITTERS AND MARELL, P. A.

*Garry M. Glickman* / *SN*

Garry M. Glickman

GMG:sn

Enclosures (as noted above)

Signed in Mr. Glickman's  
absence to expedite delivery.

**ARTICLES OF ORGANIZATION**

**OF**

**DAY & NIGHT PEDIATRICS, LLC**

The undersigned member(s) hereby form(s) a limited liability company under the laws of the State of Florida:

**ARTICLE I**

**COMPANY NAME**

The name of this company is:

**DAY & NIGHT PEDIATRICS, LLC**

**ARTICLE II**

**COMMENCEMENT AND TERM OF EXISTENCE**

The term of existence of the Company shall commence on the date the Articles of Organization is filed with the Florida Secretary of State, and shall continue perpetually unless dissolved as set forth hereafter.

**ARTICLE III**

**MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY**

The mailing address and the street address of the principal office of the limited liability company is 6427 Lake Worth Road, Lake Worth, Florida 33463.

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#### ARTICLE IV

##### REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

Stephanie Soler  
6427 Lake Worth Road  
Lake Worth, Florida 33463

#### ARTICLE V

There is one (1) member upon the initial formation of this Company. She is:

Stephanie Soler  
6427 Lake Worth Road  
Lake Worth, Florida 33463

The member shall be entitled to admit additional members upon the unanimous consent of all then current members. Any new members shall become a member upon payment of his/her contribution to the capital of the Company and upon such member's agreement to comply with the Articles of Organization, Regulations and Operating Agreement of the Company then in existence.

#### ARTICLE VI

##### DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company.

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ARTICLE VII

MANAGEMENT OF THE COMPANY

The Managing Member, Stephanie Soler shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf.

Notwithstanding the foregoing, the Managing Members shall have the absolute authority to subcontract any management functions of the Company in their sole and absolute discretion.

ARTICLE VIII

RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §608.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Regulations and Operating Agreement then in existence.

IN WITNESS WHEREOF, the undersigned Organizer has executed the Articles of Organization, this 9th day of August, 2007.

MEMBER:

  
STEPHANIE SOLER

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA                     ]  
  ] ss:  
COUNTY OF PALM BEACH            ]

The foregoing instrument was acknowledged before me this 9<sup>th</sup> of August, 2007, by STEPHANIE SOLER, as Member of the afore-described Articles of Organization, who is personally known to me and did not take an oath.

NOTARY PUBLIC:

SIGN Suzette L. Novay

PRINT Suzette L. Novay

STATE OF FLORIDA AT LARGE (SEAL)  
MY COMMISSION EXPIRES:



Suzette L. Novay  
My Commission DD360632  
Expires October 08, 2008

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Day & Night Pediatrics, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Stephanie Soler having an address at 6427 Lake Worth Road, Lake Worth, Florida 33463 as its agent to accept Service of Process within this State.

**ACKNOWLEDGMENT**

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.

Stephanie Soler

SWORN TO AND SUBSCRIBED before me this 9th day of August, 2007.



Suzette L. Novay  
My Commission DD360632  
Expires October 08, 2008

Suzette L. Novay  
NOTARY PUBLIC - STATE OF FLORIDA

Name: Suzette L. Novay  
(Type, stamp or print)

Personally known or produced identification . If produced identification  
produced: FL DTL

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