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# **COVER LETTER**

	TO: Registration Section Division of Corporations					
SUBJECT	. THERAMED, LLC					
SUBJECT		ed Liability Comp	any)			
The enclos	sed Articles of Organization and fee(s) are	submitted for filin	g.			
Please retu	arn all correspondence concerning this matt	er to the following	<b>;</b> :			
G	eorge Albert				_	
		(Name of Person)				
(Firm/Company)						
PO Box 8887						
(Address)						
Ja	acksonville, FL 32239					
<del></del>	(Cit	y/State and Zip Cod	e)		_	
For further	r information concerning this matter, please	e call:				
George Albert at 904 237-5239						
	(Name of Person)	(Area Coo	le & Daytime T	elephone Number)	97 <sub>1</sub>	
Enclosed	is a check for the following amount:			AHAS	07 DEC -3	
\$125.00	Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\text{Status}\$\$ Certificate of Status	S155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Feering Certificate of Status of Certified Copy (additional copy is expected)	PH 3: (	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrate Division Clifton I 2661 Ex	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	ons r Circle		

#### ARTICLES OF ORGANIZATION

**OF** 

## THERAMED, LLC

Pursuant to section 608.407 of the Florida Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I

**NAME** 

The name of the limited liability company (the "Company") is Theramed, LLC.

**ARTICLE II** 

**DURATION** 

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in §608.402(24) of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III

**ADDRESS** 

The mailing address for the Company shall be P.O. Box 8887, Jacksonville, Florida 32239, and refreet address of the principal office of the Company shall be 9360 Lem Turner Road, Jacksonville, Florida 32208.

# ARTICLE IV REGISTERED AGENT

The initial registered office of the Company shall be 9360 Lem Turner Road, Jacksonville, Florida 32208 and its initial registered agent at such office shall be George Albert.

#### ARTICLE V

INITIAL MANAGING MEMBER

**MGRM** 

George Albert P.O. Box 8887 Jacksonville, FL 32239

#### ARTICLE VI

## **CONTINUATION OF BUSINESS**

The remaining members of the Company may continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of any other event

which terminates the continued membership of the member or members in the Company as provided in the Act or the Operating Agreement of the Company.

# ARTICLE VII MANAGEMENT OF THE COMPANY

The Company will be managed by its members in accordance with and subject to the requirements of the Act and Operating Agreement of the Company.

IN WITNESS WHEREOF, the undersigned, a member of the Company has executed these Articles of Organization on behalf of the Company in accordance with §608.407(3) of the Act.

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Dated this 24 day of October, 2007.

George Albert

Authorized Representative

## CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Theramed, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates George Albert as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 5365 Oak Bay Drive North, Jacksonville, Florida 32277.

Dated this 29 day of October, 2007.

THERAMED, LLC

George Albert

Authorized representative

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 29 day of October, 2007.

George Albert

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