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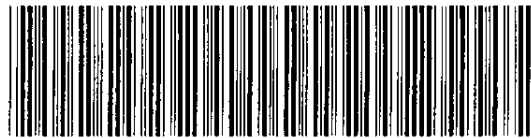
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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EXAMINER



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January 7, 2008

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S)**

Bayonet Point Medical LLC

**FILED**  
08 JAN -7 PM 1:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION**

**ARTICLES OF ORGANIZATION FOR  
BAYONET POINT MEDICAL LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
08 JAN -7 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: BAYONET POINT MEDICAL LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 10045 Cortez Boulevard, Suite 122, Weeki Wachee, FL 34613.

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and address of the registered agent and office is:

Alfred Alingu  
10045 Cortez Boulevard, Suite 122  
Weeki Wachee, FL 34613.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby 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 provided for in Chapter 608, F.S.



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Registered Agent's Signature

**ARTICLE IV  
MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The name(s) and address(es) of the managing member(s) is/are:

Alfred Alingu, 10045 Cortez Boulevard, Suite 122, Weeki Wachee, FL 34613.  
MGRM

**ARTICLE V  
ADMISSION OF ADDITIONAL MEMBERS**

The members shall have the right to admit additional members upon the written consent of all members.

**ARTICLE VI  
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The members shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company by executing a written consent to continue to do such business.

**ARTICLE VI  
EFFECTIVE DATE AND DURATION**

The effective date of the Limited Liability Company shall be upon filing of these Articles with the Secretary of State of Florida and the period of duration for the Limited Liability Company shall be: Perpetual.

IN WITNESS WHEREOF, I(WE), the undersigned member(s), have hereunto set our hands and seals this 4 day of January, 2008, for the purpose of forming this limited liability company under the laws of the State of Florida, and we hereby make and file in the Office of the Secretary of the State of Florida, this Articles of Organization, and 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.

WITNESSES:

Kathleen Z. Host

Alfred Alingu

Alfred Alingu

Richard J. Foster