

Division of Corporations

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L08000012504

Florida Department of State  
Division of Corporations  
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## To:

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## From:

Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813) 875-1333  
Fax Number : (813) 875-2703

L. SELLERS

FEB - 5 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Medi Center, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

RECEIVED

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Audit # H08000029199

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

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Medi Center, LLC**

The mailing address and street address of the Limited Liability Company are:

**13966 W Hillsborough Ave.  
Tampa, FL 33635**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C, Tampa, FL 33607, (813)-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**13966 W Hillsborough Ave.  
Tampa, FL 33635**

and the name of its registered agent at such address is:

**Matt Farhadi**

**ARTICLE VI**  
**Management**

This Limited Liability Company shall have One Manager(s) or Managing Member(s).

The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

**Matt Farhadi, Manager  
13966 W Hillsborough Ave.  
Tampa, FL 33635**

Dated: Monday, February 04, 2008

  
Matt Farhadi

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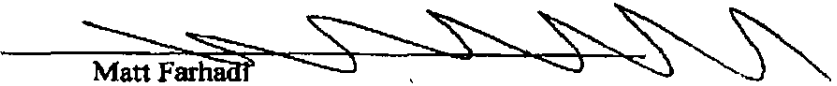
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**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: February 4, 2008

  
Matt Farhadi

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