

L08000045672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

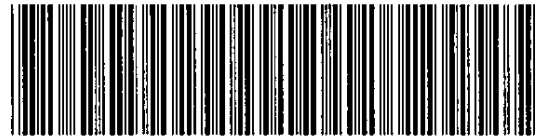
(Business Entity Name)

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08 MAY -7 AM 8:05  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

MAY 8 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
08 MAY -7 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: RICKY SOTO

DATE: 05/07/2008

REF. #: 000447.86581

CORP. NAME: MEDPEDS PROPERTIES, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 525990 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**MEDPEDS PROPERTIES, LLC**

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The undersigned authorized representative does hereby certify that the persons so identified herein have associated themselves together for the purpose of forming a limited liability company (the "Company") under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of the Company shall be: **MEDPEDS PROPERTIES, LLC**

**ARTICLE II**  
**ADDRESS AND PLACE OF BUSINESS**

The address of the principal office and the mailing address of this Company shall be:

**PRINCIPAL OFFICE**

10840 Sheldon Road, Suite A  
Tampa, Florida 33026

**MAILING ADDRESS**

Post Office Box 260127  
Tampa, Florida 33685

**ARTICLE III**  
**PERIOD OF DURATION**

The period of duration of the Company shall be perpetual.

**ARTICLE IV**  
**GENERAL POWERS**

The Company is formed for the purpose of conducting and undertaking, and shall have the power to conduct and undertake, any and all activities and actions authorized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes.

FILED  
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TALLAHASSEE, FLORIDA

## ARTICLE V MANAGEMENT

All powers of the Company shall be exercised by or under the authority of the members and, except as otherwise provided in the operating agreement of the Company, if any ("Operating Agreement"), the business and affairs of the Company shall be managed by or under the direction of the members. The members may appoint one or more managing members and grant them such authority as specifically provided by statute or by the Operating Agreement.

## ARTICLE VI OPERATING AGREEMENT

The member(s) of the Company may adopt an operating agreement pertaining to the regulation, management, and other affairs of the Company (previously defined as the "Operating Agreement"), provided that such Operating Agreement shall not be inconsistent with these Articles of Organization or with the laws of the State of Florida. The Operating Agreement may be repealed or altered only in the manner now or hereafter prescribed therein, consistent with the laws of the State of Florida.


## ARTICLE VII REGISTERED OFFICE AND REGISTERED AGENT

The street address of the Company's initial registered office in Florida is **515 East Park Avenue, Tallahassee, Florida 32301**, and the name of its initial registered agent is **CorpDirect Agents, Inc.** The Company may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 608.416, Florida Statutes.

## ARTICLE VIII ACKNOWLEDGMENT

The member(s) of the Company, through their undersigned authorized representative, do hereby certify that the foregoing constitutes the proposed Articles of Organization of MEDPEDS PROPERTIES, LLC. These Articles of Organization may be amended from time to time by consent of the member(s) holding a majority of the voting interests of the Company, or otherwise in the manner now or hereafter prescribed in the Company's Operating Agreement, consistent with the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 7<sup>th</sup> day of May, 2008.

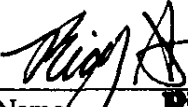
  
\_\_\_\_\_  
Drew LaGrande  
Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

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Having been appointed the registered agent of **MEDPEDS PROPERTIES, LLC**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations set forth in Section 608.415, Florida Statutes.

EXECUTED this 7<sup>th</sup> day of May, 2008.

	<p>CorpDirect Agents, Inc.</p> <p>By: </p> <p>Print Name: <u>Ricky Soto</u></p> <p>Print Title: <u>Assistant Secretary</u></p>
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