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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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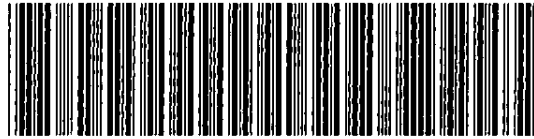
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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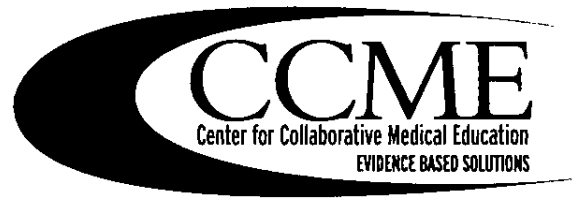
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2008 MAY 29 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 30 2008

EXAMINER



May 25, 2008

State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN:

Please find enclosed an application and check to establish the Center for Collaborative medical Education as a limited liability cooperation in the State of Florida. I may be reached by phone at (248) 770-7099

Yours truly,

A handwritten signature in black ink, appearing to read "Marvin H. Waldman", is written over a horizontal line.

Marvin H. Waldman, DPM, MPH, MS
14733 Bowfin Terrace
Bradenton, Florida 34202
Home phone: (941) 758-6565

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Center for Collaborative Medical Education, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Marvin H. Waldman

(Name of Person)

Center for Collaborative Medical Education

(Firm/Company)

14733 Bowfin Terrace

(Address)

Bradenton, Florida 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Marvin H. Waldman

(Name of Person)

at **248 770-7099**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Center for Collaborative Medical Education, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14733 Bowfin Terrace
Bradenton, Florida 34202

Mailing Address:

14733 Bowfin Terrace
Bradenton, Florida 34202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dr. Marvin H. Waldman

Name

14733 Bowfin Terrace

Florida street address (P.O. Box **NOT** acceptable)

Bradenton FL 34202

City, State, and Zip

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 as provided for in Chapter 608, F.S.

Marvin H. Waldman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Dr. Marvin H. Waldman

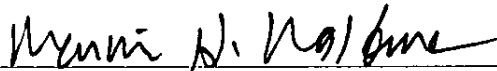
14733 Bowfin Terrace

Bradenton, Florida 34202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Marvin H. Waldman

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)