of Corpor Division ions Florida Department of State Division of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H08000192876 3))) H060001926763ABC9 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. TO: Division of Corporations Fax Number : (850)617-6383 1 MUG 12 From ILEC : GREENSPOON MARDER, P.A. Account Name Account Number : 076064003722 Þ Phone : (407)422-6583 Fax Number ; (954)343-6962 Ģ FLORIDA/FOREIGN LIMITED LIABILITY CO. in MEDICAL CONSULTING SERVICES, LLC RECEIVED AH II: Certificate of Status A. LUNT AUG 132008 EXAMINER 0 08 AUG 12 Certified Copy 0 Page Count 03 Estimated Charge \$125,00

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## ARTICLES OF ORGANIZATION **OF** MEDICAL CONSULTING SERVICES, LLC

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is Medical Consulting Services, LLC.

## **ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Lieblility Company or Florida law.

#### ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 2136 N. Porpoise Point Lane, Vero Beach, Florida 32963. 1 AUG 12

## **ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 100 W. Cypress Creek Road, Suite 700, Fort Laugerdale, Florida 33309.

#### **ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as manager is;

> Lalita Janke 2136 N. Porpojse Point Lane Vero Beach, Florida 32963

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Whereof, the undersigned member has executed these Articles the 12th day of August, 2008.

Gregory J. Blodig, Authorized Representative of Member

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 606.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMIT'S THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Medical Consulting Services, LLC

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

Greenspoon Marder, P.A. (the "Firm") 100 W. Cypress Creek Road, Suite 700 Fort Lauderdale, Florida 33309

By:

Gregory J. Blodig, for the Firm

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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.

Gregory J. Blodig, for the Firr

(Signature)

<u>August 12, 2008</u> (Date)

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