

LO9000014417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

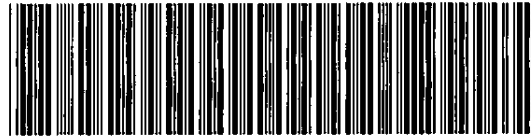
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 02/12/09

**REF. #:** 000177.99858

**CORP. NAME:** MRA SLEEP LAB, LLC

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- |  |   |   |
|--|---|---|
| <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# 529270 FOR \$ 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

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

**PLEASE RETURN:**

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

Examiner's Initials

# ARTICLES OF ORGANIZATION OF

## MRA SLEEP LAB, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

### ARTICLE I — Name

The name of the Limited Liability Company is:

MRA SLEEP LAB, LLC (the "Company")

### ARTICLE II — Address

The mailing and street address of the Company is 6141 Sunset Drive, Suite 501, Miami, Florida 33143.

### ARTICLE III — Duration

The period of duration for the Company shall be perpetual.

### ARTICLE IV — Management

The Company will be a manager-managed company.

### ARTICLE V — Registered Agent

The name of the registered agent for service of process in the state shall be Howard Schwartz, M.D., and the street address of the initial registered office of the Company in the State of Florida is 6141 Sunset Drive, Suite 501, Miami, Florida 33143.

Dated: February 11, 2009.

  
\_\_\_\_\_  
Howard Schwartz, M.D.  
Authorized Signatory

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TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT  
MRA SLEEP LAB, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*



\_\_\_\_\_  
Howard Schwartz, M.D.

Dated: February 11, 2009