

LO9000035800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

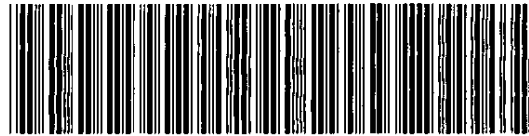
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

N. C. C. APR 14 2009

HENNING SCHWARZKOPF, M.C.L.

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H.Schwarzkopf@Hamburg.de

HENNING SCHWARZKOPF, M.C.L. - CAPRIVISTRASSE 33, 22587 HAMBURG

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

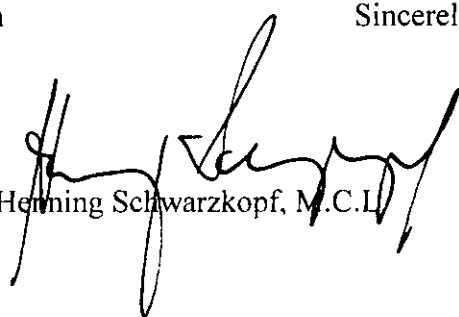
April 8, 2009

Weber Medical Group LLC

- | | |
|--|--|
| <input type="checkbox"/> Zur Unterschrift/Abzeichnung
Please sign/initial | <input type="checkbox"/> Zu Ihren Akten/zur Kenntnis
For your files/information |
| <input type="checkbox"/> Zur Prüfung/Kontrolle
Please review/check | <input type="checkbox"/> Gemäß Besprechung/Brief
As agreed/per letter |
| <input type="checkbox"/> Bitte zurückgeben
Please return | <input type="checkbox"/> Mit bestem Dank zurück
Returned with thanks |
| <input checked="" type="checkbox"/> Zur Erledigung
Please handle | <input type="checkbox"/> Bitte weiterleiten an
Please forward to |

Mit freundlichen Grüßen

Sincerely yours


Henning Schwarzkopf, M.C.L.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEBER MEDICAL GROUP 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:

Henning Schwarzkopf

(Name of Person)

(Firm/Company)

c/o Suite 320, 1601 Washington Ave.

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Henning Schwarzkopf

(Name of Person)

at (206) 333-0725

(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

Articles of Organization
for
Florida Limited Liability Company

WEBER MEDICAL GROUP LLC

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TALLAHASSEE FLORIDA

Article I

The name of the Limited Liability Company is:

WEBER MEDICAL GROUP LLC

Article II

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

Suite 320
1601 Washington Ave.
Miami Beach, Florida 33139

The mailing address of the Limited Liability Company is:

Suite 320
1601 Washington Ave.
Miami Beach, Florida 33139

Article III

The purpose for which this Limited Liability Company is organized is

ANY AND ALL LAWFUL BUSINESS.

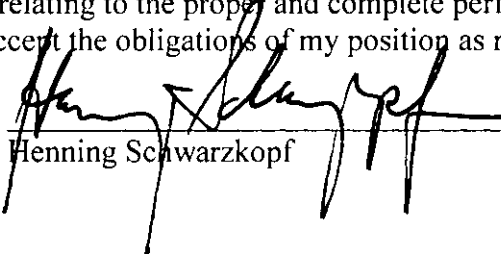
Article IV

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

Henning Schwarzkopf
Suite 320
1601 Washington Ave.
Miami Beach, Florida 33139

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.

Registered agent signature:



Henning Schwarzkopf

Article V

The name and address of the managing members/managers are:

Title: MGRM
Dr. Michael Weber
Loensstrasse 10
37697 Lauenfoerde, Germany

Signature of member or and authorized representative of the member



Henning Schwarzkopf, Representative of Dr. Michael Weber

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