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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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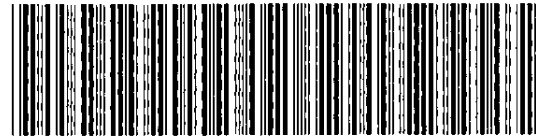
(Business Entity Name)

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DEPT. OF REVENUE
DIVISION OF TAX SERVICES
TALLAHASSEE, FLORIDA

FILED

09 MAY 13 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 14 2009

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 05-13-2009

REF. #: 000177.104268

CORP. NAME: SOUTH FLORIDA MEDICINE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <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# 530268 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
SOUTH FLORIDA MEDICINE, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of South Florida Medicine, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

South Florida Medicine, LLC

ARTICLE II — Address:

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

2301 West Woolbright Road
Boynton Beach, Florida 33426

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Ravi Patel
2301 West Woolbright Road
Boynton Beach, Florida 33426

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI — Effective Date:

The effective date of these Articles of Organization shall be May 13, 2009.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 13th day of May, 2009.

**South Florida Medicine, LLC, a Florida
limited liability company**

By: 
Name: Ravi Patel
Title: Managing Director

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SOUTH FLORIDA MEDICINE, 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, Florida Statutes.



Name: Ravi Patel

Dated: May 13, 2009