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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GRAYROBINSON, P.A. - ORLANDO Account Number : 120010000078 Phone : (407)843-8880 Fax Number : (407)244-5690



FLORIDA/FOREIGN LIMITED LIABILITY CO.



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DIALYSIS CENTER OF NORTH BREVARD, LLC

ARTICLE II - Address:

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

830 Century Medical Drive Titusville, Florida 32796

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

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

Michael J. Bittman Name

<u>301 East Pine Street, Suite 1400</u> Florida street address (P.O. Box <u>NOT</u> acceptable)

> Orlando, Florida 32801 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability accept accept the appointment as registered agent and agree act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and properties of my duties, and I am familiar with and accept the obligations of my position as registered agent and provided for in Chapter 608, F.S.

Registered Agent's Signature Michael J. Bittman, Esq.

Article IV - Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Article V – Withdrawal of a Member:

As provided in the Company's Operating Agreement, a Member (the "Withdrawing Member") may withdraw from the Company only in accordance with the terms of the Company's Operating Agreement. The Withdrawing Member shall not be entitled to receive the "fair value" (within the meaning of Section 608.427 of the Act) of the Withdrawing Member's Interest in the Company as of the effective date of withdrawal based on the Withdrawing Member's right to share in distributions from the Company or otherwise. Instead, the Withdrawing Member shall be entitled to receive the amounts, if any, set forth in the Company's Operating Agreement.

uthorized 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.)

Michael J. Bittman, Authorized Representative Typed or printed name of signee

> FILING FEES: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)