

LO9000072833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

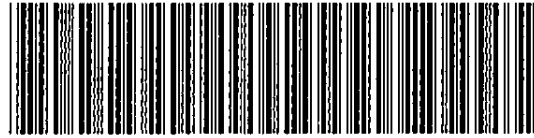
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

09 JUL 29 PM 2:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 JUL 29 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUL 29 2009

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH
DATE: 07/29/09
REF. #: 001886.108026
CORP. NAME: TAMPA TRANSPLANT INSTITUTE PL

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09 JUL 29 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

STATE FEES PREPAID WITH CHECK# 531185 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

TAMPA TRANSPLANT INSTITUTE PL

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

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09 JUL 29 PM 4: 15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - NAME

The name of the limited liability company is TAMPA TRANSPLANT INSTITUTE PL.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 3415 West Tampa Bay Avenue, Tampa, FL 33611, and the mailing address of the limited liability company is 3415 West Tampa Bay Avenue, Tampa, FL 33611.

ARTICLE III - PURPOSE

The business and purpose of this limited liability company shall be to render and provide medical services and related services and products, including but not limited to the practice of medicine and the medical specialty of transplantation medicine.

ARTICLE IV - MANAGEMENT

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

ARTICLE V - MANAGER(S)

The initial manager of the Limited Liability Company is:

Cedric Sheffield, Manager
3415 West Tampa Bay Avenue
Tampa, FL 33611

ARTICLE VI - REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

CorpDirect Agents, Inc.
515 E. Park Avenue
Tallahassee, FL 32301

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 as provided for in Chapter 608, F.S.

CorpDirect Agents, Inc.

By: Katie Wonsch
Its Agent: Katie Wonsch

(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 herein are true.)

CorpDirect Agents, Inc.

By: Katie Wonsch
Its Agent: Katie Wonsch
Authorized Representative of a Member