

L09000098432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600161437726

10/13/09--01002--016 \*\*155.00

RECEIVED  
09 OCT 12 PM 3:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 OCT 12 AM 8:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

OCT 13 2009

EXAMINER

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



FILING COVER SHEET  
ACCT. #FCA-14

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 OCT 12 AM 8:25

CONTACT: Kim Weidenbach

DATE: 10/12/09

REF. #: 000409.112901

CORP. NAME: SLV MED LLC

- |  |   |   |
|--|---|---|
| <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# 532123 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

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

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
SLV MED LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 12 AM 8:25

**ARTICLE I: - Name**

The name of the Limited Liability Company is: SLV MED LLC.

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Everett Wilson, Esq., Akerman Senterfitt, One Southeast Third Avenue, 25<sup>th</sup> Floor, Miami, Florida 33131.

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

The name and the street address of the registered agent are: CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 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., Registered Agent

By:   
Name: Michele Holden  
Title: Assistant Secretary

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

Signed and dated this 12<sup>th</sup> day of October, 2009.



\_\_\_\_\_  
Everett Wilson, authorized 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.)

\_\_\_\_\_  
Everett Wilson  
Typed or printed name of signee