

2/3/2010

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000024686 3)))



H100000246863ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FILED
10 FEB -3 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: N/A

RECEIVED

10 FEB -3 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FEFU Med-Equipment Funding LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

S. HAWKES

FEB 4 - 2010

EXAMINER

1/2

H10000024686

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **FEFU Med-Equipment Funding LLC**

*ARTICLE II - Address

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

Principal Office Address:Mailing Address:772 US Highway One, Suite 200772 US Highway One, Suite 200North Palm Beach, FL 33408North Palm Beach, FL 33408

FILED
10 FEB - 3 AM 9:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Fred FerraraName772 US Highway One, Suite 200(P.O. Box or Mail Drop Box NOT Acceptable)North Palm Beach, FL 33408(City / State / Zip)

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.


Registered Agent's Signature - Fred Ferrara

H10000024686

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Fred Ferrara - 772 US Highway One, Suite 200, North Palm Beach, FL 33408

MGRM

Lou Fuoco - 772 US Highway One, Suite 200, North Palm Beach, FL 33408

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Fred Ferrara

Typed or printed name of signee

H10000024686

FILED
FEB -3 AM 9:02
CLERK OF STATE
TALLAHASSEE, FLORIDA