

L10000062377

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.

(((H10000136168 3)))



H100001361683AEC-

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

FILED
10 JUN 10 AM 8:32
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: _____

FLORIDA LIMITED LIABILITY CO.
MEDICAL MANAGEMENT & DESIGN CONSULTANTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
10 JUN 10 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

610A-14467

#10000136168.3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

FILED
10 JUN 10 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

MEDICAL MANAGEMENT & DESIGN CONSULTANTS LLC

ARTICLE II ADDRESS

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

401 DEERFIELD DRIVE
GREER, SOUTH CAROLINA 29650

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x Paul Smith Paul Smith V.P.
SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

#10000136168.3

4-10000136168-3

PAGE 2 MEDICAL MANAGEMENT & DESIGN CONSULTANTS LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

CYNTHIA JACOBUS

401 DEERFIELD DRIVE

GREER, SOUTH CAROLINA 29650

FILED
10 JUN 10 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....

x Cynthia Jacobus

Signature of a member or an 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.

CYNTHIA JACOBUS

4-10000136168-3