

L11000003816

Florida Department of State
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Account Number : I20070000160
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FLORIDA LIMITED LIABILITY CO.
Linton Sleep Facility of Delray Beach LLC

Certificate of Status	0
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T. HAMPTON

JAN 11 2011

EXAMINER

H11000008382 3

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

In compliance with Chapter 608 and/or 621, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

LINTON SLEEP FACILITY OF DELRAY BEACH LLC

ARTICLE II ADDRESS

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

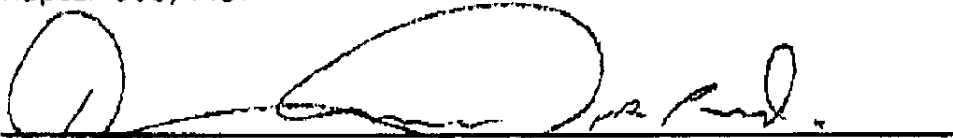
4800 LINTON BLVD, SUITE F107
DELRAY BEACH, FLORIDA 33445

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

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

DAVID NEUMAN
4800 LINTON BLVD, SUITE F107
DELRAY BEACH, FLORIDA 33445

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 

DAVID NEUMAN / Registered Agent's signature

H11000008382 3

H11000008382 3

PAGE 2 LINTON SLEEP FACILITY OF DELRAY BEACH LLC

ARTICLE IV MANAGEMENT

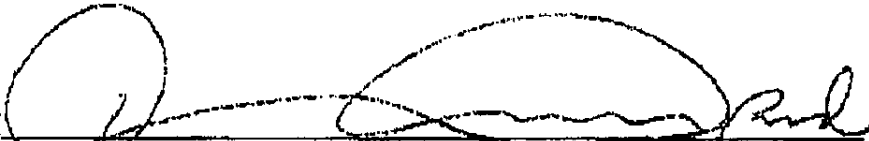
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
DAVID NEUMAN
4800 LINTON BLVD, SUITE F107
DELRAY BEACH, FLORIDA 33445

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X 

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.

DAVID NEUMAN

H11000008382 3