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Effective Date 6-2-2012

SECRETARY OF STATE
TALL AHASSEF, FLORIDA

J. SAULSBERRY EXAMINER JUN 11 2012

# **COVER LETTER**

Division of C	orporations			
SUBJECT: Xeos	stem, LLC			
Selvice 1.	Name of Limited	Liability Compa	any	***
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing	<u>.</u>	
Please return all corres	pondence concerning this matter	to the following	:	
Louise J	leroslow			
		lame of Person		
Law Off	ices of Louise T.	Jeroslo	W	
	F	irm/Company		
6075 Si	unset Drive, Suit	e 201		
	,	Address		
South Miar	ni, FL 33143			
	City/S	State and Zip Code		
jeroslow@	bellsouth.net  E-mail address: (to be used for	£		
		·	ri notification)	
For further information	concerning this matter, please c	ail:		
Louise Jeroslov	<b>N</b>	at (305	740-7431	
Name	of Person	Area Code	& Daytime Telephone Numbe	er
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cor (additional copy	by Certificat is enclosed) Certified	Filing Fee, e of Status & Copy copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Br 2661 Exec	of Corporations	SECKETY TALLAHA!

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
Xeostem, LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

**ARTICLE I - Name:** 

Timeipai Office Address.	Mailing Addi CSS.
Patrick Abuzeni, M.D.	Patrick Abuzeni
248 Palermo Avenue	248 Palermo Avenue
Coral Gables, FL 33134	Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

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

Louise Jeroslow, Esq.

Name

6075 Sunset Drive, Suite 201

Florida street address (P.O. Box NOT acceptable)

South Miami

FL 33143

City, State, and 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 (REQUIRED)

(CONTINUED)

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

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

RAC DRA	B. (1) A. (1) B.	
MGRM	Patrick Abuzeni, M.D.	
	248 Palermo Avenue	
	Coral Gables, FL 33134	
		7 B
		SEGRETA
		AHA AHA
		AR)
		Ma
		ORID.
(Use attachment if necessary)		Paris 1
LF.V: Effective date if other than the	ne date of filing: June 2, 2012	(OPTIONA)
	be specific and cannot be more than	

## **REQUIRED SIGNATURE:**

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Louise Jeroslow, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)