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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Carrie Ramos, Paralegal, please fax confirmation to
Account Name : GRAYROBINSON, P.A. - ORLANDO
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FLORIDA LIMITED LIABILITY CO.
Compass Oncology, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

D. BRUCE

OCT 5 2012

EXAMINER
Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Compass Oncology, LLC

ARTICLE II
Address

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

100 W. Gore Street, Suite 202
Orlando, FL 32806

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Sean Stanton	100 W. Gore Street, Suite 202 Orlando, FL 32806
Neeraj Sharma, M.D.	2776 Enterprise Road, Suite 100 Orange City, FL 32763

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ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Joel Roberts
c/o Gray Robinson, P.A.
301 East Pine Street, Suite 1400
Orlando, FL 32801

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.


REGISTERED AGENT'S SIGNATURE

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


SIGNATURE OF AUTHORIZED REPRESENTATIVE OF A MEMBER

Michael E. Neukamm
Type or printed name of Authorized Representative of a Member

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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