

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
(904) 241-0911 FAX

800-142-8086

**CSC networks**  
PREFERRED  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. 072100000032

REFERENCE : 561052 140093A

AUTHORIZATION :

COST LIMIT : \$ 285.00

ORDER DATE : March 15, 1995

ORDER TIME : 10:08 AM

ORDER NO. : 561052

200001468042

CUSTOMER NO: 148893A

CUSTOMER: Mr. Donald E. Frank  
MR. DONALD E. FRANCK

Suite 391  
3501 West Vine Street  
Kissimmee, FL 34741

DOMESTIC FILING

NAME: MEDFINANCE CONSULTANTS L.L.C.

☒ ARTICLES OF ORGANIZATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

T. BROWN MAY - 2 1995

FILED  
95 APR 28 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 28, 1995

CSC NETWORKS

TALLAHASSEE, FL

SUBJECT: MEDFINANCE CONSULTANTS L.L.C.  
Ref. Number: W95000009109

We have received your document for MEDFINANCE CONSULTANTS L.L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks  
Corporate Specialist

Letter Number: 795A00020417

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

FILED  
95 APR 28 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEDFINANCE CONSULTANTS L.C.

**ARTICLE II - Address:**

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

is: 3501 West Vine Street, Suite 391, Kissimmee, FL 34741.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: 30 years.

**ARTICLE IV - Management:**

*(check and complete the appropriate statement)*

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Donald E. Franck 661 Iowa Woods Circle East, Orlando, FL 32824

James Uranga 405 Glenwood Avenue, Satellite Beach, FL 32937

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

No person may be admitted as a member unless each member consents in writing to the admission of the additional member. The terms and conditions of said admissions shall comply with the laws of the state of registration of the Limited Liability Corporation.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

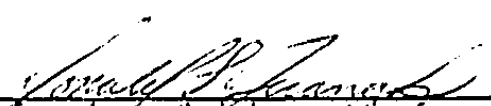
Each remaining member must agree in writing to the continuation of the Limited Liability Corporation within the terms and conditions of the law in the state of registration of the Limited Liability Corporation.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of MEDFINANCE

CONSULTANTS L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 20,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 8,000.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 28,000.00 . This total includes amounts from 2 and 3 above.

  
Signature of a member or authorized representative of a member.  
(In accordance with section 606.406(7), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

MEDFINANCE CONSULTANTS L.C.

2. The name and address of the registered agent and office is:

Corporation Service Company  
(Name)

1201 Hays Street  
(P.O. Box not acceptable)

Tallahassee, FL 32301  
(City/State/Zip)

FILED  
APR 28 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Gail Shelby  
(Signature)  
Gail Shelby, as its agent

4-28-95  
(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**