

# L96000001165

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

56 NOV -5 AM 10:04

FILED

SUBJECT: CONGESTIVE HEART FAILURE CD-ROM, L.C.

(Proposed Limited Liability company name - must include suffix)

600001938036--0

-11/05/96--01081--020

\*\*\*\*293.75 \*\*\*\*293.75

Enclosed is an original and one (1) copy of the articles of organization and a check for:

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☒ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☐ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

FROM:

JAMES GILPIN

Name (Printed or typed)

1725 E. MAHAN DRIVE

Address

TALLAHASSEE, FL 32308

City, State & Zip

(904) 877-5865

Daytime Telephone number

RECEIVED  
56 NOV -5 AM 9:57  
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

NOV 5 1996

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CONGESTIVE HEART FAILURE CD-ROM, L.C.

**ARTICLE II - Address:**

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

1725 E. MAHAN DRIVE  
TALLAHASSEE, FL 32308

**ARTICLE III - Duration:**

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

20 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:

JAMES GILPIN  
1725 E. MAHAN DRIVE  
TALLAHASSEE, FL 32308

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TALLAHASSEE, FLORIDA

**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:**

**ADDITIONAL MEMBERS MAY BE ADMITTED BY THE MANAGING MEMBER, WITH THE MAJORITY OF MEMBERS' APPROVAL.**

**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, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continues membership of a member in the limited liability company shall be:**

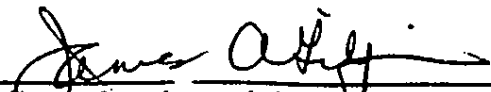
**AS PROVIDED IN CHAPTER 608, FS**

**NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.**

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
CONGESTIVE HEART FAILURE CD-ROM, 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 \$ 4,000.00.
- 3) If any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 96,000.00.
- 5) the total amount of 2, 3, and 4 is \$ 100,000.00.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

**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 ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: \_\_\_\_\_

CONGESTIVE HEART FAILURE CD-ROM, L.C.

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

FREDERICK CARROLL III  
(NAME)  
2640-A MITCHELL DR  
(P.O. BOX NOT ACCEPTABLE)  
TALLAHASSEE, FLORIDA 32308  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 NOV -5 AM 10:05

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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.

John Carroll III  
(SIGNATURE)

November 5, 1996  
(DATE)