

L970000000467

OPTIMA MEDICAL TECHNOLOGIES, N.A., INC.  
644 JUBILEE STREET, MELBOURNE, FL. 32940

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

108002128404-3  
03/31/97-01075-012  
\*\*\*285.00 \*\*\*285.00

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W97-7499

FILED  
97 MAY -1 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE (MA)

Examiner's Initials

**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

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

**SUBJECT:** Optima Medical Technologies, L.C.  
**(Proposed limited liability company name - must include suffix)**

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

<sup>285</sup>  
A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

**FROM:** John Francis Taylor  
Name (Printed or typed)

644 Jubilee Street  
Address

Melbourne, Florida 32940  
City, State & Zip

407-242-8378  
Daytime Telephone number



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 1, 1997

OPTIMA MEDICAL TECHNOLOGIES, N.A., INC.  
644 JUBILEE STREET  
MELBOURNE, FL 32940

SUBJECT: OPTIMA MEDICAL TECHNOLOGIES, L.C.  
Ref. Number: W97000007499

We have received your document for OPTIMA MEDICAL TECHNOLOGIES, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 097A00016311

Agnes Lunt,

Pursuant to our telephone conversation today, I am returning the enclosed documents to you including the Registered Agent document, in duplicate as well as the check for same.

If you have any further questions do not hesitate to call me.

Yours truly,

*John Francis Taylor*  
John Francis Taylor

**ARTICLES OF ORGANIZATION  
OF  
OPTIMA MEDICAL TECHNOLOGIES, L.C.**

**FILED  
97 MAY -1 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Under Section 608.40 et seq. of the State of Florida Limited Liability Company Act.

**Article I - Name**

The name of the limited liability company is Optima Medical Technologies, L.C..

**Article II - Location**

The county within this State in which the office of the limited liability company is to be located is ;  
Brevard County.

**Article III - Duration**

The limited liability company shall have a perpetual existence.

**Article IV Principle Place of Business**

The principle place of business of this limited liability company is 644 Jubilee Street, Melbourne, Florida  
32940

**Article V - Registered Agent**

The name and address within this state of the registered agent of the limited liability company upon whom  
and which process against the limited liability company can be served is John Francis Taylor, 644 Jubilee  
Street, Melbourne, Florida 32940.

**Article VI - Effective Date**

The effective date of the Articles of Organization is to become effective on the date of filing with the  
Secretary of State of Florida.

**Article VII - Management**

The limited liability company is to be managed by two (2) General Members.

John Francis Taylor  
644 Jubilee Street  
Melbourne, Florida 32940

Theresa Taylor-Levecque  
26 Grove Street  
Westbrook, Maine 04092

**Article VIII Purpose**

The purpose of this limited liability company is to engage in any and all activities related to the research and development, production, marketing, sale, promotion et al. of medical modalities and associated by-products and any other lawful business activities which are permitted under the Laws of the State of Florida, the United States of America and the European Union.

**Article IX - Organizer**

The name and address of the person filing these Articles of Organization is John Francis Taylor, 644 Jubilee Street, Melbourne, Florida 32940.

**Article X - Amendment**

This limited liability company reserves the right to amend or repeal any provisions contained within these Articles of Organization or any amendment hereto and any right conferred upon the General Members and/or the Economic Members is subject to reservation.

Articles of Organization, page 3 of 3 continued .....

IN WITNESS WHEREOF, this certificate has been subscribed this \_\_\_\_\_ day of \_\_\_\_\_  
1997.

John Francis Taylor 4/30/97  
John Francis Taylor 3/27/97  
Signature Date

John Francis Taylor, Organizer  
Name and Title

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of March 1997 by JOHN FRANCIS TAYLOR. He is personally known to me or produced FLORIDA DRIVERS LICENSE as identification and did not take an oath.



JAMES E. BARRY  
COMMISSION # CC 553874  
EXPIRES MAY 08, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC

James E. Barry  
Notary Public

Printed Name JAMES E. BARRY

My commission expires: May 8, 2000

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

FILED  
97 MAY -1 PH 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

Optima Medical Technologies, L.C.

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

John Francis Taylor

(NAME)

644 Jubilee Street

(P. O. Box NOT ACCEPTABLE)

Melbourne, Florida 32940

(CITY/STATE/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.*

*John Francis Taylor*  
*John Francis Taylor*  
(SIGNATURE)

*4/30/97*  
*4/30/97*  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**

JOHN FRANCIS TAYLOR  
THERESA TAYLOR-LEVECQUE  
644 JUBILEE ST.  
MELBOURNE, FL 32940

1520



TO THE  
ORDER OF

*Florida Dept. of State*

*4/5* 19*77*

63-27/631

\$ *35.00*

*Theresa Taylor Levecque*

DOLLARS ☒ Security features included. ☐ None on back.

NATIONS BANK OF FLORIDA  
MELBOURNE, FL

For

*John Francis Taylor*

⑆063100277⑆ 0090323505⑆ 1520

ONE CHECK STONE


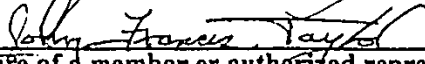


# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FILED  
97 MAY -1 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Optima Medical Technologies, 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 \$ 10,000.00
- 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 \$ \_\_\_\_\_
- 5) the total amounts of 2, 3 and 4 is \$ 10,000.00

  
  
\_\_\_\_\_  
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.)

JOHN FRANCIS TAYLOR  
THERESA TAYLOR-LEVECQUE  
644 JUBILEE ST.  
MELBOURNE, FL 32940

1517



TO THE  
ORDER OF

Florida Dept. of State  
Two Hundred Eighty Five & no

\$ 285.00

DOLLARS  Security Features  
Included on Back

NATIONS BANK OF FLORIDA  
MELBOURNE, FL

FOR

⑆063100277⑆ 0090323505⑈ 1517