L97000001258

CORPORATE ACCESS, INC.

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

WALK IN

PICK UP 11/12/97 1:00

____ **CERTIFIED COPY** ____ ____ **CUS** ____

✓ **PHOTO COPY** ____ ✓ **FILING** LC

1.) BRAUSE HEALTH L.C.
(CORPORATE NAME & DOCUMENT #)

2.) ____
(CORPORATE NAME & DOCUMENT #)

3.) ____
(CORPORATE NAME & DOCUMENT #)

4.) ____
(CORPORATE NAME & DOCUMENT #)

5.) ____
(CORPORATE NAME & DOCUMENT #)

6.) ____
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7.) ____
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9.) ____
(CORPORATE NAME & DOCUMENT #)

10.) ____
(CORPORATE NAME & DOCUMENT #)

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TALLAHASSEE FLORIDA

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RECEIVED
97 NOV 12 AM 11:58

C. TAX 2.50 W
FILING
R. AGENT FEE 35.00
C. COPY
TOTAL 285.00 W
N. BANK
BALANCE DUE
REFUND

11/12/97

SPECIAL INSTRUCTIONS ____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:
The name of the Limited Liability Company is:

BRAUSE HEALTH L.C

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

7870 BYRON DRIVE, RIVIERA BEACH CITY
FLORIDA 33404

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be:

PERPETUAL

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:

CHRISTER ROSEN
205 COMMODORE DRIVE
JUPITER FL 33477

☐ 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:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

BRAUSE HEALTH 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 $ 100,000.00.

3) if any, the agreed value of property other than cash contributed by member(s) is $ NONE . 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 $ 100,000.00. This total includes amounts from 2 and 3 above.

Signature of a member or authorized representative of a member.
(In accordance with section 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.)

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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.

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TALLAHASSEE FLORIDA

1. The name of the limited liability company is:

BRAUSE HEALTH L.C.

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

CHRISTER ROSEN
(Name)

205 COMMODORE DRIVE
(P.O. Box not acceptable)

JUPITER, FL 33477
(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.

(Signature)

11/11/97
(Date)