

L98000002015

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

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

SUBJECT: SOUTH FLORIDA EAR CARE CENTER, L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

300002650223--4  
-09/28/98-01102-002  
\*\*\*\*285.00 \*\*\*\*285.00

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

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.

FILED  
98 SEP 28 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: A.L.PINCUS  
Name (Printed or typed)

20379 W. COUNTRY CLUB DR 2336

Address

AVENTURA FL 33180

City, State & Zip

305 932 1351

Daytime Telephone number

L98-2015  
989-29

Name	OK
Availability	OK
Document Examiner	OK
Update	OK
Updater	OK
Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH FLORIDA EAR CARE CENTER, L.C.

## ARTICLE II - Address:

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

50 EAST SAMPLE POAR, POMPANO BCH, FL 33064

## ARTICLE III - Duration:

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

OCTOBER 1, 1998 TO DECEMBER 31, 2018

## 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:

ALAN SCHRIEBER 12500 N.E. 15TH AVE., NO. MIAMI, FL 33161

JAMES ROBINSON 5920 EPSON LN. DAVIE, FL 33331

JAMES KELLY 4880 SW 64TH WAY, DAVIE, FL 33314

- ☐ 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:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

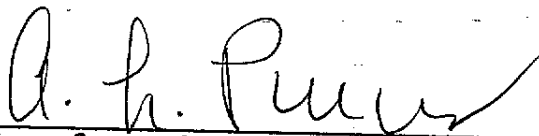
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of \_\_\_\_\_  
SOUTH FLORIDA EAR CARE CENTER, 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 \$ 60,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00  
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 \$ 0.00
- 5) the total amounts of 2, 3 and 4 is \$ 60,000.00



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 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: \_\_\_\_\_  
SOUTH FLORIDA EAR CARE CENTER , L.C.

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

A.L.PINCUS  
\_\_\_\_\_  
(NAME)  
20379 W.COUNTRY CLUB DR. #2336  
\_\_\_\_\_  
(P. O. Box NOT ACCEPTABLE)  
AVENTURA FL 33180  
\_\_\_\_\_  
(CITY/STATE/ZIP)

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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.*

A. L. Pincus  
(SIGNATURE)

9/24/98  
(DATE)

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