

L98000002189

TRANSMITTAL
For Florida Limited Liability Company

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

SUBJECT: *Sleep Disorders Solutions, L.C.*

600002659606--8
-10/08/98--01089--002
***285.00 ***285.00

Enclosed is an original and one (1) copy.

The filing fee for the Articles of Organization and Affidavit, and the designation of Registered Agent in the amount of \$285 is enclosed.

From:

Charles Youngman
3800 S.W. 142nd Avenue
Davie, FL 33330
954-473-0231

Name	MEH
Availability	MEH
Document Examiner	MEH
Updater	MEH
Updater Verifier	MEH
Acknowledgement	MEH
P. Verifier	MEH

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ARTICLES OF ORGANIZATION
OF
SLEEP DISORDERS SOLUTIONS, L.C.

ARTICLE I: Name

The name of the Limited Liability Company is:

Sleep Disorders Solutions, L.C.

ARTICLE II: Address

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

13730 State Road 84; Suite 132
Davie, FL 33325

ARTICLE III: Duration

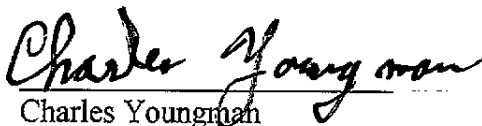
The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV: Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Systems For Results, Inc.; 13730 State Road 84, Suite 132; Davie, FL 33325.

The undersigned member has executed these Articles of Organization on October 5, 1998.


Charles Youngman

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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.

1. The name of the limited liability company is:

Sleep Disorders Solutions, L.C.

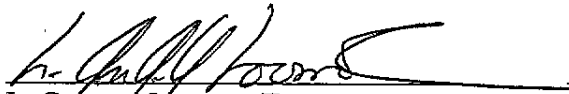
2. The name and address of the registered agent and office is:

L. Gregory Loomar, P.A.

1152 N. University Dr.
Pembroke Pines, FL 33024
954-433-2345

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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.


L. Gregory Loomar, Esq.

10/7/98
Date

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of *Sleep Disorders Solutions, 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 members is \$7,500
3. the agreed value of property other than cash contributed by members is \$0
4. the amount of cash anticipated to be contributed by members is \$15,000
This total includes amounts from 2 and 3 above.

Charles Youngman

Charles Youngman, Member

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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.