

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L98000003382

Manuel G. Jain, M.D.  
L.L.C.

900002721939-4  
-12/24/98-01057-001  
\*\*\*\*337.50 \*\*\*\*337.50

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 24 PM 12:34

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DEC 24 11 59 AM '98

CF - 285.00  
CERT 52.250

Signature \_\_\_\_\_

Requested by: MS Date 12/23/98 Time 4:00

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MANUEL G. JAIN, M.D., L.L.C.

**ARTICLE II - Address:**

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

105 South Dixie Drive, Haines City, Florida 33844

**ARTICLE III - Duration:**

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

Perpetual

**ARTICLE IV - Management:**

**(Check the appropriate box and complete the 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 X X

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:

Manuel G. Jain  
1488 North Lake Mirror Dr., NW  
Winter Haven, FL 33880

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**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The member shall have the right to admit new members by his consent thereto. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

**ARTICLE VI - Members Rights to Continue Business:**

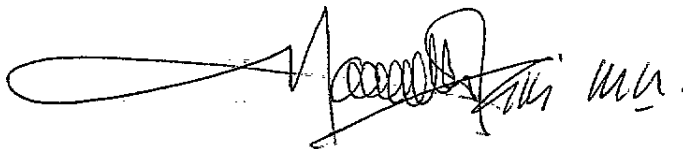
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business upon unanimous consent of such remaining members.

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Manuel G. Jain, M.D.,  
L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000.00 .



**Signature of a member or an 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.)

MANUEL G. JAIN

Typed or printed name of signee

STATE OF FLORIDA  
COUNTY OF POLK

Sworn to and subscribed before me this 22nd day of December, 1998,  
by MANUEL G. JAIN, who is personally known to me.

**Filing Fee: \$250.00 for Articles and Affidavit**



**MARIE A. JONES**  
Notary Public, State of Florida  
My comm. expires Dec. 11, 1999  
Comm. No. CC 515179

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Manuel G. Jain, M.D.,  
L.L.C.

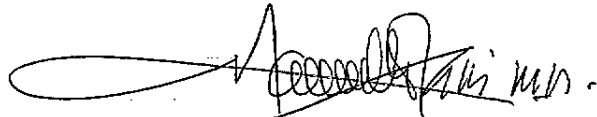
2. The name and the Florida street address of the registered agent are:

Manuel G. Jain  
NAME

1488 N. Lake Mirror Dr., NW  
Florida street address (P. O. Box NOT ACCEPTABLE)

Winter Haven FL 33880  
CITY, STATE AND 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 am familiar with and accept the obligations of my position as registered agent.*

  
SIGNATURE

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
DEC 21 1998  
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**Filing Fee: \$ 35 for Designation of Registered Agent**

STATE OF FLORIDA  
COUNTY OF POLK

Sworn to and subscribed before me this 22nd day of December, 1998, by MANUEL G. JAIN.

Personally Known MARIE A. JONES  
Notary Public, State of Florida  
My comm. expires Dec. 11, 1999  
Comm. No. CC 515179

