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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallalussee, Florida 32302 (850) 224-8370 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I Name

The name of the Limited Liability Company is IRA of BRANDON, L.L.C.

ARTICLE II Business

This Limited Liability Company shall engage in the business of Kidney Dialysis.

ARTICLE III Address

The mailing address and street address of the Principal Office as

600 Cleveland Street, Suite 910 Clearwater, Florida 33755

ARTICLE IV <u>Duration</u>

This Limited Liability Company shall commence upon filing the certificate with the Secretary of State of Florida and shall continue until terminated in accordance with the Florida Limited Liability Act, Florida Statutes 608.401 et. seq.

ARTICLE V Management

The Limited Liability Company is to be managed by a manager whose name and address is:

INDEPENDENT RENAL ASSOCIATES, INC. 600 Cleveland Street, Suite 910 Clearwater, Florida 33755

ARTICLE VI Admission of Additional Members

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of all the Members.

ARTICLE VII <u>Members Rights to Continue Business</u>

The withdrawal of a Member, whether voluntary or involuntary, shall have no effect upon the continuation of the Limited Liability Company's business.

ARTICLE VIII Effective Date

The effective date of this Limited Liability Company shall be upon filing the Certificate with the Secretary of State of Florida.

These Articles of Organization for a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 13 day of January, 1999.

WITTNESSES.

	INDEPENDENT RENAL ASSOCIATES, INC. Z
Danit R. Dees	BY: flav . Molliv . No. VISION OF Sean P. Coughlin Secretary 60% Owner
Sign Name	Sean P. Coughlin Secretary
JAVET R. DEES.	60% Owner
Print Name	? Ř
Sense H. Hammon	: 3 TOR
Sign Name	_
RENEE G. HAMMI	VN
Print Name	
STATE OF FLORIDA COUNTY OF PINELLAS	
is personally known to me <u>or</u> (day of January, 1999, the ore me by Sean P. Coughlin, (X) who) who produced did or (X)
did not take an oath.	James Hanta
JAMES M. SHUTA MY COMMISSION # CC 721030 EXPIRES: March 8, 2002 Bonded Thru Notary Public Underwriters	Notary Public, State of Florida AMES (Printed Name)
	My Commission Expires:
	Commission No.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS FOR FLORIDA LIMITED LIABILITY COMPANY

BEFORE ME, the undersigned Member or authorized representative of IRA of BRANDON, L.L.C., a Florida Limited Liability Company, certifies as follows:

- 1. The above named Limited Liability Company has at least two members.
- 2. The total amount of cash contributed by the Members is:\$_____
- 3. If any, the agreed value of property other than cash contributed by Members is:

 (A description of the property, if any, is attached and made a part hereto.)
- 4. The amount of cash or property promised to be contributed by Members is:

5. The total amounts of 2, 3 and 4 is:

Under the penalties of perjury I declare that I have read the CRAFT foregoing and that the facts alleged are true, to the best of my constant knowledge and belief on this 13 day of January, 1999.

WITNESSES:

INDEPENDENT RENAL ASSOCIATES, INC.

Sign Name

BY:

Sean P. Coughlin, Secretary

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\$ 50°,000°°,00

60% Owner

Print Name

Sion Name

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Print Name

STATE OF FLORIDA COUNTY OF PINELLAS

I HEREBY CERTIFY that	on the 13 day of January, 1999, the fore	going
was acknowledged before me	by Sean P. Coughlin, (X) who is personal	nally
known to me or () who pr		as
identification and who () did or (X) did not take an oath.	
	Sames 1 Taulo	
JAMES M. SHUTA	Notary Public, State of Florida	
MY COMMISSION # CC 721030 EXPIRES: March 8, 2002	JAMES MSHOUTA	
Bonded Thru Notary Public Underwriters	(Printed Name)	
	My Commission Expires:	
	Commission No.	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, 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:

IRA of BRANDON, L.L.C.

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

SEAN P. COUGHLIN 600 Cleveland Street, Suite 910 Clearwater, Florida 33755

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACES 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.

SEAN P. COUGHLIN Registered Agent

Registered Agent

Date: January <u>13</u>, 1999