

L99000000336

Charles Barnett

Requestor's Name

500 Australian Avenue S., Suite 800

Address

West Palm Beach, FL 33401

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 00685 - 00671 300002748573--6
-01/20/99--01093--013
****346.25 ****346.25
(Corporation Name) (Document #)
2. W99-29
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

| | |
|-----------------|----------------|
| Name | Availability |
| Document | Examiner |
| Updater | Verifier |
| Acknowledgement | W. P. Verifier |

Examiner's Initials

ARTICLES OF ORGANIZATION OF
SOUTHWEST MEDICAL LEASING, L.L.C.

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, do establish:

1. **Name.** The name of the limited liability company is SOUTHWEST MEDICAL LEASING, L.L.C. (the "Company").

2. **Principal Place of Business.** The mailing address and the street address of the Company's principal place of business is 3701 South Congress Avenue, Lake Worth, FL 33461.

3. **Duration.** The period of duration of the Company is thirty years from the date of filing hereof with the Florida Secretary of State, unless sooner dissolved as provided by statute.

4. **Management.** The business of the Company shall be conducted under the management of its members and the name and address of the managing member is MARK MUSA, 2575 OCEAN BLVD #1035 HIGHLAND BEACH Florida.

5. **Registered Agent and Office.** The name of the Company's registered agent, whose Consent to Appointment as Registered Agent accompanies these Articles, is Charles D. Barnett and the address of the registered office is 500 Australian Avenue South, Suite 800, West Palm Beach, Florida 33401.

6. **Additional Liability of Members.** No additional capital contributions of the members will be required.

7. **Admission of Additional Members.** Additional Members will be admitted only with the unanimous consent of all members entitled to participate in management and upon such terms as are unanimously agreed to by all members entitled to a dividend upon dissolution or liquidation.

8. **Continuity.** The remaining Members of the limited liability company will have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in this limited liability company.

DATED this 1 day of JANUARY, 1999.

Mark Musa
Print Name: MARK MUSA

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**CERTIFICATE OF DESIGNATION
AND ACCEPTANCE OF REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for the above stated limited liability company, at the address designated herein pursuant to the provisions of section 608.415, Florida Statutes, I hereby accept the appointment as registered agent and agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: December 28, 1998

Charles D. Barnett
CHARLES D. BARNETT

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Southwest Medical Leasing, L.L.C. deposes and says:

- 1) The above named limited liability company has at least one member.
- 2) The total amount of cash contribute by the members is \$ 1000.⁰⁰
- 3) If any, the agreed value of property other than cash contributed by the members is \$ - 0 -
- 4) The amount of cash or property anticipated to be contributed by the members is \$ 1000.⁰⁰
This total includes amounts from 2 and 3 above.

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.

Mark Musa
Print Name: MARK MUSA