

L99000001255

Louis Feuer

Requestor's Name

1334 Northwest 167th Ave.

Address

Pembroke Pines, FL 33028

City/State/Zip

Phone #

954-435-8182

400002788274--1

-02/26/99--01042--007

1350.00 **337.50

Office Use Only

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

1. International Society of Healthcare Consultants + Authors, L.L.C.
(Corporation Name) (Document #)

2. _____
(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

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	<input checked="" type="checkbox"/>
Document Examiner	<input checked="" type="checkbox"/>
Updater	<input checked="" type="checkbox"/>
Locator	<input checked="" type="checkbox"/>
Verifier	<input checked="" type="checkbox"/>
Acknowledgement	<input checked="" type="checkbox"/>
W. P. Verifier	<input checked="" type="checkbox"/>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 26 AM 8:41

Louis Feuer's Office
GAVE
AUTHORIZATION BY PHONE TO
CORRECT City Spelling
DATE 3/5/99
DOCC EXAM (1995) MGH

Examiner's Initials

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

International Society of Healthcare Consultants & Authors, L.L.C.

ARTICLE II - Address:

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

International Society of Healthcare Consultants & Authors, L.L.C.
1126 South Federal Highway
Suite 259
Ft. Lauderdale, FL 33316

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)

 X 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:

Louis Feuer
1334 Northwest 167th. Avenue
Pembroke Pines, FL 33028

 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:

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: members reserve the right to have two classes of membership, to wit: voting and non-voting with member admission subject to consent of a majority of the voting members.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 26 AM 8:41

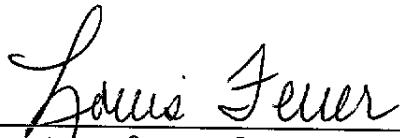
ARTICLE VI - Members Rights to Continue Business:

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: subject to majority rule of remaining voting members.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of International Society of Healthcare Consultants & Authors, 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 \$ 1,500
- 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 \$ 25,000.00 .



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.)

Typed or printed name of signee: Louis Feuer

Filing Fee: \$250.00 for Articles and Affidavit

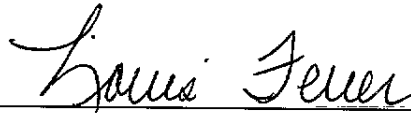
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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: International Society of Healthcare Consultants & Authors, L.L.C.
2. The name and the Florida street address of the registered agent are:

Louis Feuer
1334 Northwest 167th. Avenue
Pembroke Pines, FL 33028

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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent