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Requestor's Name 660 East Jefferson Street	
Address Tallahassee, FL 32301 222-1092	800028079087 -03/16/9901077008 *****285.00 *****285.00
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CORPORATION(S) NAME	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amax Plasma East, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
177 US Highway One, Suite 285, Tegeusta, Florida 33469

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: A term of 50 years.

SECRETARY OF STATE STATE OF CORPORATIONS 99 MAR 16 PM 1: 03

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:

Joseph Russo

177 US Highway One, Suite 285, Tequesta, Florida 33469

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 shall be admitted upon unanimous consent of existing members.

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:

Vested in the membership.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Amax Plas	ma Ea	st,]	L.L.C.
certifi	es:		
 the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is 	\$		1,000;
 3) if any, the agreed value of property other than cash contributed by member(s) is (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 	\$ <u></u>		<u> </u>
contributed by member(s) is	\$		1,000
Signature of a member or an authorized representative of a mem	ber.		
(In accordance with section 608.408(3), Florida Statutes, the execution of affidavit constitutes an affirmation under the penalties of perjury that the f stated herein are true.)	thic	99 MAR 16	SECRETAR DIVISION OF C
Typed or printed name of signee		PM -:	FLU Y OF STA ORPORA
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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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Amax Plasma East, L.L.C.		
		-t .
The name and address of the registered agent and office is:	99 MAR	MOTSTAID
C T CORPORATION SYSTEM		5
(Name)	Ó	5
c/o C T CORPORATION, 1200 South Pine Island Road, (P.O. Box not acceptable)	PM 1:03	M. OWW. JOHO
Plantation, Florida 33324 (City/State/Zip)	- ω	. 2

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.

C T CORPORATION SYSTEM

March 8, 1999

(Signature)

VICTOR Alfano, ASST. SECY:

FILINGFEE: \$35 for Designation of Registered Agent