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-03/11/99--01001--010  
\*\*\*337.50 \*\*\*337.50

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Medical Inc. LLC

- ☐ Walk In  
☐ Mail Out  
☐ Will Wait  
☐ Photocopy

☐ Pick Up Time \_\_\_\_\_

☒ Certified Copy

☐ Certificate of Status

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☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

Name Availability

Document Examiner

Notar

Verifier

Acknowledgment

W. P. Verifier

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 checked="" type="checkbox"/>	Other <u>LLC</u>

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

RECEIVED  
99 MAR 10 PM 3:00  
DIVISION OF CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 31 PM 12:13

Ordered By: \_\_\_\_\_

Date: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 10, 1999

UCC FILING & SEARCH

SUBJECT: MEDICAL INK, L.L.C.  
Ref. Number: W99000005843

OK  
This should be  
complete  
Thanks.  
DAVID.

We have received your document for MEDICAL INK, L.L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least one member; (2) the actual amount of cash contributions; (3) the agreed value and a description of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

The document must contain the entity's complete mailing address.

If you do not wish to do the affidavit your document must be titled articles of organization and affidavit of capital contributions. On #7 you must state if additional contributions are made a supplemental affidavit will be filed with the State of Florida.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

ATTN.

Letter Number: 399A00011402

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**ARTICLES OF ORGANIZATION**  
**OF**  
**MEDICAL INK, L.L.C.**

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DIVISION OF CORPORATIONS  
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The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is:  
MEDICAL INK, L.L.C.

2. **PERIOD OF DURATION.**

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

- (i) Thirty (30) years from the date of filing of these Articles of Organization with the Department of State, or
- (ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

3. **PURPOSE.**

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a Limited Liability organized and existing by virtue of such laws.

4. **ADDRESS OF PLACE OF BUSINESS AND MAILING ADDRESS.**

The address of the place of business in Florida for the Limited Liability Company is: 5972 VIA BELLA COURT, NAPLES, FL 34109

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5. REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Limited Liability Company is: John C. Fazio, 5972 Via Bella Court, Naples, FL 34109

6. CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Limited Liability Company is as follows: \$5,000 cash contributed by Lisa E. Fazio, Trustee U/A dated 2/23/99, the sole member of the Limited Liability Company.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events of happening of which, that shall be made, are as follows: No total additional contributions have been agreed to at the date of filing of these Articles of Organization. Additional contributions, if any, will be made upon unanimous agreement by all of the members of the Limited Liability Company.

8. ADDITIONAL MEMBERS.

Members may admit additional members upon unanimous agreement of the then existing members. The interests of members shall not be transferable without the unanimous consent of all remaining members.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminate the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability

Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company.

10. MANAGEMENT.

The Limited Liability Company is to be managed by a manager, or managers. Names and addresses of such managers who are to serve as managers until the first annual meeting of members or until their successors are elected and qualified are as follows:

1. John C. Fazio  
5972 Via Bella Court  
Naples, FL 34109
2. Lisa E. Fazio  
5972 Via Bella Court  
Naples, FL 34109

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Executed at Lee County, Florida on the 23rd day of FEBRUARY,  
1999.

By: John C. Fazio  
John C. Fazio, Manager  
By: Lisa E. Fazio  
Lisa E. Fazio, Manager

STATE OF FLORIDA   )  
COUNTY OF LEE     )

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, JOHN C. FAZIO, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Lee County, Florida, this  
23rd day of FEBRUARY, A.D., 1999.

*Stephen T. Ullman*

Signature of Notary Public - State of Florida

**STEPHEN T. ULLMAN**

Printed Name of Notary

Personally Known ☒ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Stephen Thomas Ullman  
MY COMMISSION # CC600478 EXPIRES  
January 1, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA )

COUNTY OF LEE )

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, LISA E. FAZIO, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Lee County, Florida, this  
23rd day of FEBRUARY, A.D., 1999.

*Stephen T. Ullman*

Signature of Notary Public - State of Florida

**STEPHEN T. ULLMAN**

Printed Name of Notary

Personally Known ☒ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



Stephen Thomas Ullman  
MY COMMISSION # CC600478 EXPIRES  
January 1, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

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**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed the registered agent of Medical Ink, L.L.C., the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent by Medical Ink, L.L.C.

Executed this 23rd day of FEBRUARY, 1999.

By: John C. Fazio  
John C. Fazio, Registered Agent

FOR THE LIMITED LIABILITY COMPANY:

By: John C. Fazio  
John C. Fazio, Manager

By: Lisa E. Fazio  
Lisa E. Fazio, Manager

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STATE OF FLORIDA   )  
COUNTY OF LEE     )

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, JOHN C. FAZIO, to me well known to be the person described in and who executed the foregoing instrument as Registered Agent and Manager, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Lee County, Florida, this  
23rd day of FEBRUARY, A.D., 1999.

*Stephen T. Ullman*  
Signature of Notary Public - State of Florida

STEPHEN T. ULLMAN  
Printed Name of Notary  
Personally Known ☒ or Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



Stephen Thomas Ullman  
MY COMMISSION # CC800478 EXPIRES  
January 1, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF FLORIDA    )  
COUNTY OF LEE        )

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, LISA E. FAZIO, to me well known to be the person described in and who executed the foregoing instrument as Manager, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Lee County, Florida, this  
23rd day of FEBRUARY, A.D., 1999.

*Stephen T. Ullman*  
Signature of Notary Public - State of Florida  
**STEPHEN T. ULLMAN**

Printed Name of Notary  
Personally Known ☒ or Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



Stephen Thomas Ullman  
MY COMMISSION # CC800478 EXPIRES  
January 1, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.

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**AFFIDAVIT**

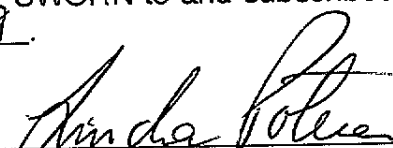
**STATE OF FLORIDA  
COUNTY OF COLLIER**

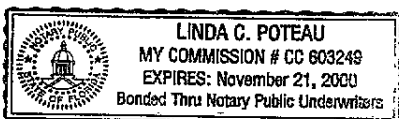
I, LISA E. FAZIO, being duly sworn, do hereby certify that the following facts are true and correct, to the best of my knowledge:

1. That I am a member and manager of Medical Ink Limited Liability Company, and that there are at least two members of such Limited Liability Company.
2. That the value of cash contributed to the Company is \$5,000.
3. That no property other than cash has been contributed to the Company.
4. That the total amount of cash or property anticipated to be contributed by the members to the Company is zero.

  
\_\_\_\_\_(s)  
LISA E. FAZIO  
5972 Via Bella Court  
Naples, FL 34109

1999 SWORN to and subscribed before me this 23<sup>rd</sup> day of March.

  
\_\_\_\_\_  
Signature of Notary Public - State of Florida  
Personally Known ☐ or Produced Identification ☒  
Type of Identification Produced: FL/DL



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