Division of Corporations

10000227

Florida Department of State

Division of Corporations Public Access System

Katherine Harris, Secretary of State Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000007970 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)922-4003

From:

: KIRK PINKERTON, A PROFESSIONAL ASSOCIATION Account Name

Account Number : 071670002600 ± (941)364-2409 Phone

: (941)364-2490 Fax Number

LIMITED LIABILITY COMPANY

Allied Healthcare Consultants, L.L.C.

0
1
05
\$337.50

Electronic Filing Menu

Corporate Filing

Public Access Help

KIRK PINKERTON

(850) 487-6013

04/05/99 13:33 F1 Dept of State

p1 /1

#15/99



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 5, 1999

DAVID M. SILBERSTEIN, ESQ. 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236

SUBJECT: ALLIED HEALTHCARE CONSULTANTS, L.L.C.

REF: W99000008080

SECRETARY OF STATE DIVISION OF CORPORATIONS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist FAX Aud. #: H99000007970 Letter Number: 699A00017083

ARTICLES OF ORGANIZATION OF <u>ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C.</u>

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 does set forth the following:

ARTICLE I-NAME

The name of the Company is Allied Healthcare Consultants of Sarasota, L.L.C.

ARTICLE II-DURATION

The duration of the Company is perpetual.

ARTICLE III-ADDRESS AND PLACE OF BUSINESS

The mailing address and street address of the principal place of the principal office of the Company in Florida is:

5124 Calle Minorga Sarasota, Florida 34242

ARTICLE IV-PURPOSE

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

Prepared by: David M. Silberstein, Esq.

Kirk Pinkerton

720 South Orange Avenue Sarasota, Florida 34236

(941) 364-2481 Atty Bar #0436879

ARTICLE V-NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and address of the initial registered agent in Florida for the Company is as follows:

David M. Silberstein 720 South Orange Avenue Sarasota, Florida 34236

ARTICLE VI-ADDITIONAL CONTRIBUTIONS

Additional contributions of the Members, if any, will be made upon unanimous agreement of all of the Members of the Company.

ARTICLE VII - ADDITIONAL MEMBERS

Additional Members may be admitted upon unanimous agreement of the then existing Members. Any additional Members shall execute a copy of the Regulations, agreeing to be bound by its terms, prior to becoming an additional Member.

ARTICLE VIII - MEMBERS

The Company shall have such Members as may be admitted from time to time in accordance with these Articles of Organization and the Regulations of the Company.

ARTICLE IX - MANAGEMENT

The Company is to be managed by a manager or managers as provided in the Regulations. The name and address of such manager, who will serve as manager until the first annual meeting of Members or until his successor or successors are elected and qualified, is as follows:

Robert Buckhannon

5124 Calle Minorga Sarasota, Florida 34242

ARTICLE X- INDEMNIFICATION

The Company shall indemnify each managing Member, manager and officer to the fullest extent permitted by Section 608.4363, Florida Statutes.

ARTICLE XI - COMMENCEMENT OF EXISTENCE

In accordance with Section 508.409, Florida Statutes, the date when existence of the Company shall commence is the date of subscription and acknowledgment of these Articles of

Organization. In the event these Articles of Organization are not filed within the time period set forth in Section 608.409, Florida Statutes, the date when existence of the Company shall commence is the date of filing by the Secretary of State.

Under penalties of perjury I declare that I have read the foregoing Articles of Organizand that the facts alleged are true, to the best of my knowledge and belief.	ation
Dated: April 12 , 1999	SV.
(CDIDA)	FILE F CO
STATE OF FLORIDA) COUNTY OF SARASOTA)	AN IN:
1 HEREBY CERTIFY that on this day before me, an officer duly authorized in the Star County aforesaid to take acknowledgments, personally appeared ROBERT BUCKHANNON, a Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., a Florida li Member of ALLIED HEALTHCARE C	e and se sole imited duced cation,
WITNESS my hand and official seal this 12 day of april	1999.
NOTARY PUBLIC Staci A. Walsh PRINT NAME OF NOTARY PUBLIC AND A	AFFIX
	ALSH # CC 749379 ary 15, 2000 bic underwiners

ACCEPTANCE BY REGISTERED AGENT

I, the undersigned appointed registered agent of ALLIED HEALTHCARE CONSULTANTS OF SARASOTA, L.L.C., being familiar with the obligations of such position, hereby accept such appointment, agree to act in such capacity and accept the obligations proposed by Section 608.415, Florida Statutes.

DATED this 12 day of

DAVID M. SILBERSTEIN Registered Agent

99 APR 19 AM 10: 29

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

COUNTY OF SARASOTA

April	ents as a Notary Public in the above state, personally appeared this 12th 1999, ROBERT BUCKHANNON, as the sole Member of AI E CONSULTANTS OF SARASOTA, L.L.C., a Florida limited liability cor (NOTARY CHOOSE ONE) KI who is personally known to me or [] who pro- as identification, and having been duly sworn, depose	mpany oduced	y i
says as follow	, S:		
1.	The Company has at least one Member.	99	AIO ,
2.	The amount of cash capital contributions to date of the Member is \$5,000.00		SECRE
3.	The Member has contributed no other property to the Company.	9	SE CO
4.	The total amount of cash and property anticipated to be contributed by Mem \$5,000.00. This total includes amounts from items 2 and 3 above.	屬s i 0: 2	OF STATI

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take

FURTHER AFFIANT SAITH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

ROBERT BUCKHANNON, as sole Member

Signature of Notary Public

Print Name of Notary Public and Affix Scal

My Commission Expires: 2/15/67

G:\DOCUMENT\DMS\ALLIED.ART

