

L99000002602



ACCOUNT NO. : 072100000032

REFERENCE : 222892 8657A

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 285.00

ORDER DATE : April 29, 1999

ORDER TIME : 1:0 PM

ORDER NO. : 222892-005

000002857220-4

CUSTOMER NO: 8657A

CUSTOMER: Ms. Stephanie O'dell
RAMSEY W. DULIN, ESQ
RAMSEY W. DULIN, ESQ
201 S. Orange Avenue, Ste 1090
Signature Plaza
Orlando, FL 32801

DOMESTIC FILING

NAME: HAAS ASSOCIATES, L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

name not available

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

99 APR 29 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Document Examiner	CONTACT PERSON: Tamara Odom
W. P. Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

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L990000010123

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APR 29 PM 1:50



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 29, 1999

TAMARA ODOM
CSC
TALLAHASSEE, FL 32301

SUBJECT: HAAS ASSOCIATES, L.C.
Ref. Number: W99000010123

We have received your document for HAAS ASSOCIATES, L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

Your limited liability company name is unavailable, pursuant to section 608.406(4), Florida Statutes. Since it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all appropriate places. One or more words must 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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 899A00023081

**ARTICLES OF ORGANIZATION
OF**

HAAS MEDICAL ASSOCIATES, LC

**ARTICLE I
NAME**

The name of the limited liability company (hereinafter "Company") is HAAS MEDICAL ASSOCIATES, LC.

**ARTICLE II
ADDRESS**

The mailing and street address of the Company's principal office is 510 Longmeadow Street, Celebration, Florida 34747.

**ARTICLE III
DURATION**

The period of duration for the Company is perpetual, beginning on the date these Articles of Organization are filed with the Florida Department of State.

**ARTICLE IV
REGISTERED AGENT AND OFFICE**

The name of the Company's initial registered agent in Florida is Ramsey W. Dulin, Esquire, and the address of the Company's registered office in Florida is 201 S. Orange Avenue, Suite 1090, Orlando, Florida 32801.

**ARTICLE V
MANAGEMENT**

The Company is to be managed by certain members designated as manager, each initial managing member is identified as follows:

Brian Haas
510 Longmeadow Street
Celebration, Florida 34747

Dianne C. Haas
510 Longmeadow Street
Celebration, Florida 34747

**ARTICLE VI
ADMISSION OF NEW MEMBERS**

Members of the company have the right to admit new members. Additional members may be admitted on the unanimous written consent of the existing members, and the existing members

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TALLAHASSEE, FLORIDA

shall determine the amount and nature of contributions by new members at the time new members are admitted.

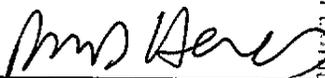
ARTICLE VII
CONTINUATION

The remaining members of the Company have the right 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 Company. The business may be so continued only on the unanimous written consent of the remaining members.

ARTICLE VIII
REGULATIONS

The power to adopt, alter, amend or repeal the regulations of the Company is vested entirely in the members of the Company.

IN WITNESS WHEREOF the undersigned member has executed these Articles of Organization this 27th day of April, 1999.



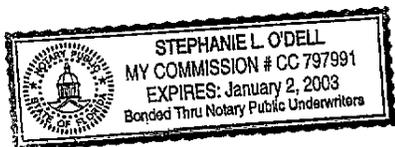
Brian D. Haas

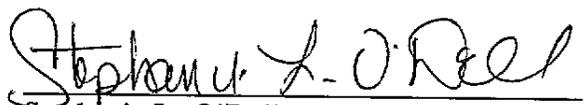
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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, a notary public, duly authorized in the state and county aforesaid to take acknowledgments, personally appeared Brian D. Haas, personally known, or who produced _____ as identification, who executed and subscribed the foregoing Articles of Organization, and who acknowledged before me that he executed the same for the purposes therein contained, and who did/did not take an oath.

WITNESS my hand and official seal in the county and state set forth this 27th day of April, 1999.





Stephanie L. O'Dell
Notary Public, State of Florida

ACCEPTANCE OF REGISTERED AGENTS

I, Ramsey W. Dulin, having been named in the foregoing designation of registered agent and registered office by Haas Medical Associates, LC, a Florida limited liability company, and being familiar with the obligations of the position of registered agent, do hereby accept service of process as registered agent, to keep my office open during prescribed hours, and to otherwise comply with the obligations of a registered agent, and to otherwise maintain a registered office as heretofore indicated.

Dated this 27th day of April, 1999.

Ramsey W. Dulin
Ramsey W. Dulin

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

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TALLAHASSEE, FLORIDA

Before me, the undersigned authority, personally appeared Brian D. Haas, to me personally known, or who produced identification, and he did depose and say as follows:

1. That he is a member of HAAS MEDICAL ASSOCIATES, LC to be formed pursuant to the foregoing Articles of Organization.
2. That there are two (2) members of Haas Medical Associates, LC.
3. There have been no capital contributions to date by any member.
4. It is anticipated that each member shall make capital contributions up to \$4,000.00.

Brian D. Haas
Brian D. Haas

SWORN to and SUBSCRIBED
before me this 27th day of
April, 1999.

Stephanie L. O'Dell
Stephanie L. O'Dell
Notary Public, State of Florida

