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MILTON H. BAXLEY II

ATTORNEY AT LAW  
1929 N.W. 12TH TERRACE  
GAINESVILLE, FLORIDA 32609

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\*\*\*285.00 \*\*\*285.00

City/State/Zip

Phone #

Office Use Only

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

1. FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDICINE L.L.C.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_ W99-15337  
(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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 1, 1999

MILTON H. BAXLEY II  
ATTORNEY AT LAW  
1929 N.W. 12TH TERRACE  
GAINESVILLE, FL 32609

SUBJECT: FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL  
MEDICINE, L.L.C.  
Ref. Number: W99000015337

We have received your document for FLORIDA SCHOOL OF ACUPUNCTURE  
AND ORIENTAL MEDICINE, L.L.C. and your check(s) totaling \$285.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

Enclosed is a new, blank application. Please either use our form or retitle your  
application ARTICLES OF ORGANIZATION AND AFFIDAVIT OF CAPITAL  
CONTRIBUTIONS FOR FLORIDA LIMITED LIABILITY COMPANY.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 499A00034771

**MILTON H. BAXLEY II**

ATTORNEY AT LAW  
1929 N.W. 12th TERRACE  
GAINESVILLE, FLORIDA 32609

MILTON H. BAXLEY II  
PERSONAL INJURY AND WRONGFUL DEATH  
TRIAL PRACTICE  
GENERAL PRACTICE  
CERTIFIED CIRCUIT COURT MEDIATOR

July 12, 1999

MAILING ADDRESS  
1929 N.W. 12 TH TERRACE  
GAINESVILLE, FLORIDA 32609  
Telephone (352) 375 - 1616  
Fax (352) 335 - 8448

Honorable Katherine Harris  
Secretary of State  
State of Florida  
The Capitol  
Tallahassee, Florida 32339-0001

ATTN: Ms. Lee Rivers , Document Specialist

Re: Articles of Organization of Florida School of Acupuncture and Oriental  
Medicine, L.L.C., and The Healing Arts Center, L.L.C.

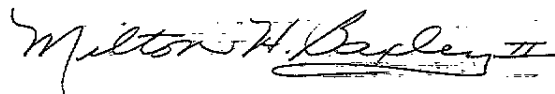
Dear Ms. Harris:

I am enclosing the following documents:

1. Corrected Articles of Organization of Florida School of Acupuncture and Oriental Medicine, L.L.C., together with a Certificate of Designation of Registered Agent; and
2. Corrected Articles of Organization of The Healing Arts Center, L.L.C., together with a Certificate of Designation of Registered Agent.

Please file both of the enclosed Articles of Organization at the earliest possible time and send your confirmation to me. The two checks for the filing fees were previously sent to you, but were not returned to me. If you require anything else to effectively establish the above referenced limited liability company, please advise me immediately.

Very truly yours,



Milton H. Baxley II

Enclosures  
cc: Mr. David N. Bole

**ARTICLES OF ORGANIZATION AND AFFIDAVIT OF  
CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I**

The name of the Limited Liability Company is:

FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDICINE, L.L.C.

**ARTICLE II**

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

1705 N.W. 6<sup>th</sup> Street  
Gainesville, Florida 32609.

**ARTICLE III**

The period of duration for FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDICINE, L.L.C. shall be perpetual.

**ARTICLE IV**

The Limited Liability Company is to be managed by one manager, whose address is:

David N. Bole  
1705 N.W. 6<sup>th</sup> Street  
Gainesville, Florida 32609.

**ARTICLE V**

The beginning members of this limited liability company shall be:

David N. Bole  
1705 N.W. 6<sup>th</sup> Street  
Gainesville, Florida 32609

Joy R. Bole  
1705 N.W. 6<sup>th</sup> Street  
Gainesville, Florida 32609

Additional members shall be admitted upon majority vote of existing members.

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TALLAHASSEE FLORIDA

## ARTICLE IV

In the event that any one member of the limited liability company can no longer serve as a member, due to 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, the remaining members of the limited liability company shall be authorized to continue the business.

## ARTICLE VII

The undersigned member David N. Bole of FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDICINE, L.L.C., certifies that:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the members is: \$ 500.00;
- 3) the agreed value of property other than cash contributed by members is: \$ None;
- 4) the total amount of cash and property contributed and anticipated to be contributed by members is: \$ 500.00

I HEREBY CERTIFY that the facts set forth herein are true and correct to the best of my knowledge, information and belief.

  
David N. Bole, member

"Without Prejudice" to me  
All Rights Reserved

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TALLAHASSEE FLORIDA

**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.

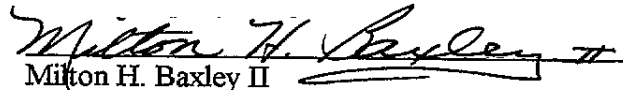
1. The name of the limited liability company is:

FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDICINE, L.L.C.

2. The name and the Florida street address of the registered agent is:

Milton H. Baxley II  
c/o 1929 N.W. 12<sup>th</sup> Terrace  
Gainesville, Florida [32609]

*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 obligation of my position as registered agent.*

  
Milton H. Baxley II

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