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PICK-UP WAIT MAIL

(Business Entity Name)

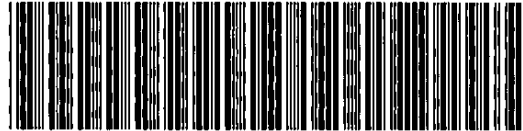
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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Healthcare Education
Consultants, LLC

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- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
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- RA Resignation _____
- Dissolution / Withdrawal _____
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- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
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- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: WL 7/25 3:00
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION FOR
HEALTHCARE EDUCATION CONSULTANTS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
06 JUL 25 AM 9:01
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TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is: **HEALTHCARE EDUCATION CONSULTANTS, LLC**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: **5537 Sheldon Road, Suite A, Tampa, Florida 33615.**

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

Andrea Efre
5537 Sheldon Road, Suite A
Tampa, Florida 33615

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: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

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: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Member, by: **Andrea Efre.**

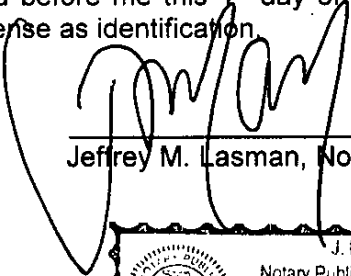
Dated this 1st day of May, 2006.



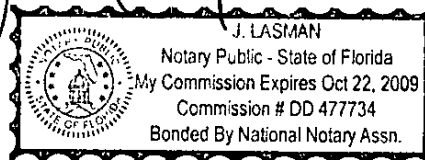
Andrea Efre
Managing Member

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 1st day of May, 2006, by
Andrea Efre, who has produced a Florida Driver License as identification.



Jeffrey M. Lasman, Notary Public



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

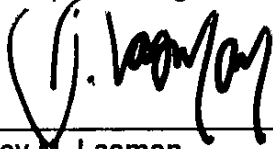
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **HEALTHCARE EDUCATION CONSULTANTS, LLC**

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

**Jeffrey M. Lasman, Esquire
LASMAN LAW FIRM, P.A.
6152 Delancey Station Street, Suite 205
Riverview, Florida 33569**

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.



Jeffrey M. Lasman

May 1, 2006
(Date)