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FLORIDA LIMITED LIABILITY CO.
iCare Health Solutions, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

iCare Health Solutions, LLC

ARTICLE II - Address:

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

7352 NW 34 Street
Miami, Florida 33122

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Brian Lynn
2 South University Drive
Suite 215
Plantation, Florida 33324

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S..

REGISTERED AGENT


Brian Lynn

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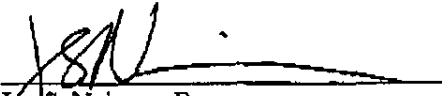
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ARTICLE IV - Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

The initial manager for the company shall be Sidney Stern.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



 Jan S. Neiman, Esq.
 Authorized Representative of a Member

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