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Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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**FLORIDA LIMITED LIABILITY CO.
360 HEALTH SYSTEMS, LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

360 HEALTH SYSTEMS, LLC

ARTICLE II - ADDRESS:

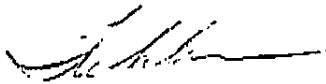
THE MAILING ADDRESS AND STREET OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

100 ALMERIA AVE. SUITE 202
CORAL GABLES, FL. 33134

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

FOY H. HAMMONS
14105 S. W. 82 AVE.
MIAMI, FL. 33158

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 AS PROVIDED FOR IN CHAPTER 608, F.S.



FOY H. HAMMONS
REGISTERED AGENT

ARTICLE IV - MANAGER OR MANAGING MEMBER

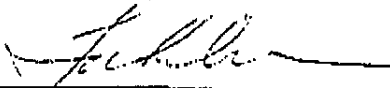
TITLE	NAME AND ADDRESS
MANAGING MEMBER	URS EBNER 444 PERUGIA AVE. CORAL GABLES, FL. 33146

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(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.)



FOY H. HAMMONS
AUTHORIZED REPRESENTATIVE

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