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Florida Department of State

Division of Corporations

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From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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FLORIDA LIMITED LIABILITY CO. 360 HEALTH SYSTEMS, LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (03), Estimated Charge (\$155.00)

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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:**

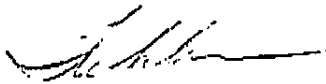
THE MAILING ADDRESS AND STREET OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

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**

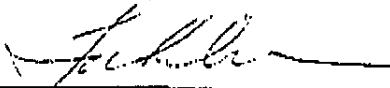
TITLE	NAME AND ADDRESS
MANAGING MEMBER	URS EBNER 444 PERUGIA AVE. CORAL GABLES, FL. 33146

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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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