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175 PATTERSO	N ROAD, LLC	·
Please Debit FCA	000000003 For: 125	
Thank you Seth N	leelev	
Stof	/	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Market Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1,	- <i>'</i>	Officer Search
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Name	Date Time	UCC 11 Search
111 11 7		UCC 11 Retrieval
Walk-In	Will Pick Up	_ Courier

COVER LETTER

то:	New Filing Sec Division of Co				
SUBJE		on Road, LLC			
(11,1501)	CT:	Name of I	imited Liab	olity Company	
The end	closed Articles of	Organization and focts)	are submitt	ed for filing.	
Please	return all correspo	indence concerning this	matter to the	e following:	
	Earl Bagan				
			Name	of Person	
	MCM				
			Firm	ompany	
	P.O. BOX 4	189			
			Ad	dress	<u> </u>
	Deerfield Be	each, Fl. 33442			
	ebagan@men	ihealtheare com	City State	and Zip Code	
		E-mail address, (to be us	ed for futur	e annual report notificat	lon)
For furth	er information co	neerning this matter, ple	ase call.		
	Earl Bagan	31.1	454	665-6326	
	Nan	ne of Person		Daytime Lelephor	ac Number
Lineloss	ed is a check for t	he following amount			
≘ \$125	5,00 Filing Fee	LIST30.00 Filing Fee Certificate of Status	Cert	155,00 Filing Fee & iffed Copy onal copy is enclosed)	2\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, State 810

Tallahassee, Fl. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
175 Patterson Road, LLC	
(Must contain the words "Limited Liab	ility Company, "L. L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address
<u>Principal Office Address</u> : 1950 W Hillsboro Blvd	Mailing Address P.O. BOX 4189
	P.O. BOX 4189 Decrick Beach, FL 33442

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Azul JM FIMITED L	EABILITY LIMITE	TO PARTNERSHIP
	Name	
1950 W Hillsboro Bly	ed, Suite 201	
Florida street address	c(PO Box <u>SOT</u> ac	rceptable)
Deerfield Beach	FL.	33442
City	State	Zîp

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 pather agree to comply with the provisions of all statutes relating to the proper and complete performance of my diutes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Lumited Liability Company:

<u>itte:</u>	Name and Address:	
AMBR" = Authorized Member MGR" = Manager		
-	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	0.01111
MGRM	AZULJM LIMITED LIABILITY LIMITED PARTNEI 1950 W Hillsborg Blvd. Suite 201	KSIII
	Deerfield Beach, FL 33442	
Use attachment if necessary)		
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