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ROBERT M. BULFIN, P.A.

ATTORNEY AT LAW

2826 East Oakland Park Boulevard Fort Lauderdale, Florida 33306 **TELEPHONE (954) 565-6002**

TELEFAX (954) 565-0657

Mailing Address P.O. Box 24802

Fort Lauderdale, Florida 33307

ROBERT M. BULFIN

Via FedEx Overnight March 7, 2012

Registration Section Florida Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Health-Tec Services, LLC

Dear Sir or Madam:

I represent Health-Tec Services, LLC. Enclosed please find the original and a copy of my client's Articles of Organization and my check payable to you in the amount of \$160.00 representing your filing fee and fees for a Certificate of Status and certified copy of Articles of Organization.

Please file the Articles of Organization and return to me the Certificate of Status and a certified copy of Articles of Organization at your earliest convenience.

Thank you for your consideration in this matter.

Very truly yours,

Robert M. Bulfin

RMB/mr

Enclosure

ARTICLES OF ORGANIZATION

OF

HEALTH-TEC SERVICES, LLC

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

1. Name.

The name of the limited liability company is Health-Tec Services, LLC (hereinafter referred to as the "Company").

2. Period of Duration.

Unless earlier terminated under the Act or any operating agreement of the Company, the period of duration of the Company shall be perpetual.

3. <u>Purpose</u>.

The purpose for which the Company is organized is to engage in computer installations and any and all other business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. Address of Place of Business.

The mailing address for the Company is 8454 NW 54th Court, Coral Springs, FL 33067 and the street address of the place of business for the Company is also 8454 NW 54th Court, Coral Springs, FL 33067. These addresses may be changed from time to time as provided in the Operating Agreement.

5. Registered Agent.

The initial registered agent and registered office in Florida for the Company are as follows:

Name:

Michael R. Gordon, Jr.

Registered Office:

8454 NW 54th Court

Coral Springs, FL 33067

- 6. Members. The initial Member is Michael R. Gordon, Jr.
- 7. <u>Management/Manager/Member</u>. This Company will be managed by one or more managers appointed by the members. The managers may be designated as the president, secretary, and treasurer of the Company, and may also be designated as vice presidents, assistant secretaries, and assistant treasurers, and shall have the authority normally associated with these positions under corporate law. The members, at a meeting of the members held not less than annually, shall designate the managers, who may also be members, and the positions that these managers will hold. The initial manager, who shall serve until the next annual meeting of the members or until his successor is elected and qualified, and his designation shall be as follows:

Name:	Position:
Michael R. Gordon, Jr.	Manager.

Executed at <u>Fort Landerdall</u>, Florida, on <u>3/7</u>, 2012.

Health-Tec Services, LLC a Florida limited liability company

By: Michael R. Gordon, as Member/Manager

STATE OF FLORIDA COUNTY OF <u>BROWARD</u>

The foregoing instrument was acknowledged before me on <u>March</u> 7,2012 by Michael R. Gordon, as Member/Manager of Health Tec, LLC, who () is personally known to me or () produced <u>Fla Privle's Lie</u> as identification and who (did) (did not) take an oath.

Notary Public — State of Florida Print name: Robert M. Bu

My commission expires:

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above-stated 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.

Print name: Michael R Coordon JR