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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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03 JAN -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA INTERNA

1-6-03 MST

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

ARTICLE OF ORGANIZATION
OF
SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA INTERNATIONAL DIVISION, L.L.C.

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TALLAHASSEE, FLORIDA

ARTICLE I:
NAME

The name of the limited liability company is:

SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA INTERNATIONAL DIVISION, L.L.C.

ARTICLE II:
OFFICE ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is: 12251 Taft Street Suite 403, Pembroke Pines, Florida 33026.

ARTICLE III
DURATION

This Limited Liability Company shall have a perpetual existence commencing on the Date of Filing.

ARTICLE IV
PURPOSE

This Limited Liability Company may engage in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE VI
MANAGEMENT

(X) The Limited Liability Company is to be managed by the member(s) and the name(s) and address(es) of such member(s) of managing member(s) is(are).:

Carlos Jaramillo
12251 Taft Street Suite 403
Pembroke Pines, Fl 33026

Alba Z. Montoya
6855 Abbott Ave. Apt. 802
Miami Beach, Fl 33141

Diana Jaramillo
6855 Abbott Ave. Apt. 802
Miami Beach, Fl 33141

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ARTICLE VII
DATE

(X) The effective date of commencement of the Limited Liability Company is January 3rd of the year 2003.

In accordance with the 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.

Carlos Jaramillo

ARTICLE V:
REGISTERED AGENT

The name and Florida Street address of Sleep-Wake Disorders Center of South Florida International Division, L.L.C. registered agent is:

Carlos Jaramillo
12251 Taft Street Suite 403
Pembroke Pines, Florida 33026

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Having been named as registered agent and accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointments 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.

Carlos Jaramillo
Registered Agent