

L00000001784



UNICAPITAL CORPORATION

10800 Biscayne Boulevard Miami Florida 33161-7807

T 305 899 5000 F 305 899 5050

Via Federal Express

February 7, 2000

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Global Health Access, LLC

Dear Sir or Madam:

Enclosed please find one executed original and one photocopy of Articles of Organization for Global Health Access, LLC. Also enclosed is a check in the amount \$155.00 to cover the cost of the filing fee (\$100), the Registered Agent fee (\$25) and the certified copy fee (\$30). Please return the certified copy in the enclosed self-addressed stamped envelope.

If you have any questions, please contact the undersigned at 305.899.5018.

Thank you for your prompt attention to the enclosed matter.

Sincerely,

Teri M. Trimmer

Name	Teri M. Trimmer
Availability	Manager Legal Administration
Document Examiner	DCC
Updater	Enc.
Updater Verifier	DCC
V. P. Verifier	DCC

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FILED
FEB 15 AM 10:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

FF \$125.00
cc 30.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL HEALTH ACCESS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing address: P.M.B. 40, 2205 A Wilton Dr. Wilton Manors, FL 33305

Street address: 2949 N.E. 1st Avenue, Fort Lauderdale, FL 33334

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

A. DENISE SAGERHOLM

Name

504 S.W. 18TH STREET

Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE, FL 33315

City, State, and Zip

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.

A. Denise Sagerholm

Registered Agent's Signature

FILED
DECEMBER 15
AM 10:25
CLERK OF STATE
FLORIDA

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

A. Denise Sagerholm
Signature of a member or an authorized representative of a member.

(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.)

A. DENISE SAGERHOLM

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)