

**L00000007207**

HINES NORMAN & ASSOCIATES, P.A.  
ATTORNEYS AT LAW

JAMES P. HINES  
RANDY MILLER  
CHRISTOPHER H. NORMAN  
JAMES P. HINES, JR.  
STEPHEN C. SULLIVAN

HYDE PARK PROFESSIONAL CENTER  
315 S. HYDE PARK AVENUE  
TAMPA, FLORIDA 33606

TAXATION  
CORPORATION & BUSINESS LAW  
ESTATE PLANNING & ADMINISTRATION

(813) 251-8659  
FAX (813) 254-6153

June 12, 2000

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

300003291603-0  
-06/15/00--01080--009  
\*\*\*125.00 \*\*\*125.00

Attn: New Filing Section

Re: **FLORIDA INSTITUTE OF HEALTH & SAFETY, LLC**

Dear Sir/Madam:

Enclosed herewith are the original and one copy of the Articles of Organization for **FLORIDA INSTITUTE OF HEALTH & SAFETY, LLC**. Please file the original Articles and date stamp the copy and return them to our office.

Also enclosed is our check in the amount of \$125.00 to cover the filing fee and registered agent fee for the Articles of Organization.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,

*James P. Hines*  
James P. Hines

FILED  
00 JUN 15 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JPH:cn  
Enclosures  
Check \$125.00  
cc: Carole Larson (w/encl.)

00-7207  
2-6-20

Name	
Availability	
Document Examiner	
Secretary	
Under Secretary	
Verifier	
Acknowledgment	
W. P. Verifier	

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is **FLORIDA INSTITUTE OF HEALTH & SAFETY, LLC**

**ARTICLE II - Addresses**

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

13011 Arborview Place  
Tampa, Florida 33618

**ARTICLE III - Effective Date**

The Limited Liability Company shall be effective as of June 15, 2000.

**ARTICLE IV - Management**

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

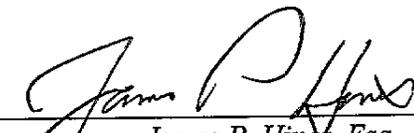
**ARTICLE V - Registered Agent, Registered Office, and Resident Agent's Signature**

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

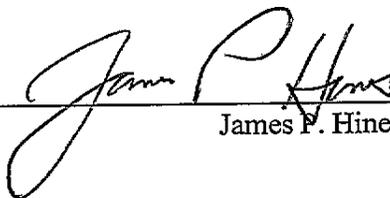
James P. Hines, Esq.  
Hines Norman & Associates, P.L.  
315 South Hyde Park Avenue  
Tampa, Florida 33606

00 JUN 15 PM 4: 20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

  
\_\_\_\_\_  
James P. Hines, Esq.

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
James P. Hines, Esq.