



ROSENBERG & ROSENBERG

Attorney at Law, L.L.C.

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June 20, 2000

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

Re: Limited Liability Company Filing
- Articles of Organization
- Registered Agent Designation

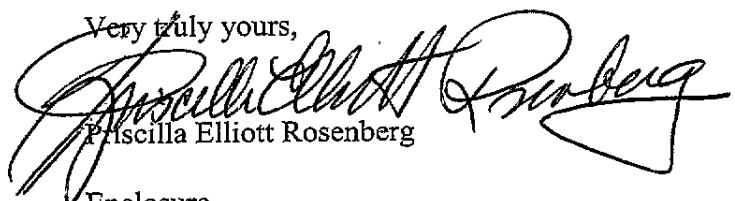
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-06/23/00--01083--015
****125.00 ****125.00

Dear Sir or Madam:

Attached please find the above documents that I am filing on behalf of Naturopathic Medicine Integration, L.L.C., together with this firm's check for \$125.00 (\$100 for filing the Articles of Organization and \$25 for the Registered Agent Designation). Please process these documents and send me confirmation that Naturopathic Medicine Integration, L.L.C is properly registered with the State of Florida.

Thank you in advance for your assistance. Please feel free to call me at (321) 728-8700 should you have any questions or should you need any further details.

Very truly yours,


Priscilla Elliott Rosenberg

Enclosure

FILED
00 JUN 23 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-1547

Name	AL 6-27
Availability	
By	AL
Date	6-27
Initials	AL
Witness	AL
Acknowledgment	
W. P. Vermyer	

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

NATUROPATHIC MEDICINE INTEGRATION, L.L.C.

ARTICLE I - NAME:

The name of the Limited Liability Company is: Naturopathic Medicine Integration, L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: 565 Park Avenue, Satellite Beach, FL 32937.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

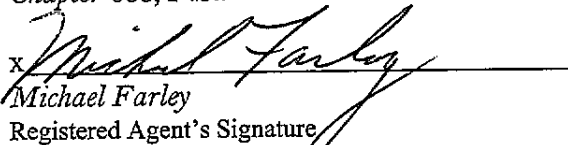
The name and the Florida street address of the registered agent are:

Name: Michael Farley

Florida street address: 565 Park Avenue

City, State, and Zip: Satellite Beach, FL 32937.

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..

x 
Michael Farley
Registered Agent's Signature

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)

x 
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.)

Typed or printed name of signee: Michael Farley

June 20, 2000

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00 JUN 23 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA