

LOI 0000009727  
David L. Rodin  
190-12 Paradise Blvd, Indialantic, FL 32905  
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Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Tuesday, May 22, 2001

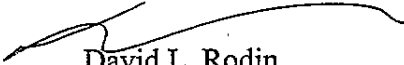
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\*\*\*\*130.00 \*\*\*\*130.00

Dear sir or madam,

**Re: Articles of Organization for Florida Limited Liability Company**

Please accept the enclosed application and check for \$130.00 for filing fee, designation of registered agent and certificate of status. Should you have any questions, please don't hesitate in calling my daytime telephone no. 908-423-5605.

Thanking you,

  
David L. Rodin

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOMEDPATHY CENTRAL LLC

**ARTICLE II - Address:**

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

190-12 PARADISE BLVD  
INDIALANTIC FL 32963

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

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

WILLIAM D. BECKER  
Name  
190-12 PARADISE BLVD.  
Florida street address (P.O. Box NOT acceptable)  
INDIALANTIC FL 32963  
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.*

William D Becker  
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)

[Signature]  
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.)

DAVID L. RODIN  
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)

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