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July 5, 2001

Secretary of State
Division of Corporations
Attn: New Filings
P.O. Box 6327
Tallahassee, Fla. 32314

slu

MJH

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-08/06/01--01053--003

***155.00 ***155.00

RE: FORD THERAPEUTIC SERVICES, LLC

Dear Sir or Madam,

Enclosed please find original and one copy of Articles of Organization of the above for filing along with my trust account check in the sum of \$155.00 for filing, and a certified copy of same. Please return a letter confirming the filing as well as a certified copy of the Articles of Organization filed herewith.

Thank you for attention to this matter.

Very truly yours,

[Signature]

MARC HAUSER
MH:cs
Encl.

#36:Ford.LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORD THERAPEUTIC SERVICES, LLC

ARTICLE II - Address:

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

9133 Collins Ave (#2H) Surfside, Fl 33154

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: unlimited

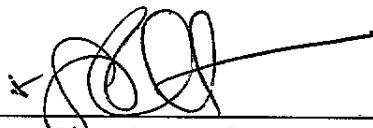
ARTICLE IV - Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager the name and address of such manager who is to serve as manager is:

SUSAN FORD HAMMAKER
9133 COLLINS AVE (#2H)
Surfside, Fl. 33154

and is therefore a manager-managed company.



Signature of a member or authorized member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. the name of the limited liability company is:

FORD THERAPEUTIC SERVICES, LLC

2. The name and address of the registered agent and office is:

SUSAN FORD HAMMAKER

(Name)

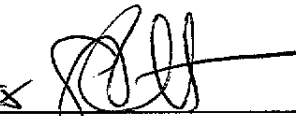
9133 Collins Ave (# 2H)

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Surfside, Fl. 33154

(City/State/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.



SUSAN FORD HAMMAKER

June 25, 2001

(Date)

Filing Fee: \$1 for Designation of Registered Agent