

**RARDON  
RODRIGUEZ**  
ASSOCIATES P.A.  
*Trial Attorneys*

\*\*\* LARRY L. RARDON  
IRENE M. RODRIGUEZ

1000015215

AREA OF PRACTICE  
Trial Practice  
Personal Injury  
Wrongful Death  
Medical Malpractice  
Workers' Compensation  
General Practice

August 31, 2001

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

100004567961--9  
-09/04/01--01093--021  
\*\*\*\*160.00 \*\*\*\*160.00

Re: Benefit Coordination Specialist, Co., LLC

Dear Sir/Madam:

Enclosed are an original and one copy of Articles of Organization for the above-named limited liability company. In addition, a check in the sum \$160.00 is enclosed which represents the following fees:

|                       |          |
|-----------------------|----------|
| filing fee            | \$100.00 |
| certified copy        | 30.00    |
| Registered Agent fee  | 25.00    |
| Certificate of Status | 5.00     |

FILED  
01 SEP -4 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please file the original of the enclosed Articles of Organization and return a certified copy to the undersigned.

Sincerely,

LARRY L. RARDON

LLR/vf  
Enclosures

101-15215  
QC

**ARTICLES OF ORGANIZATION  
FOR  
Benefit Coordination Specialist, Co., LLC  
a Florida limited liability company**

**ARTICLE I  
Name**

The name of the Limited Liability Company is Benefit Coordination Specialist, Co., LLC.

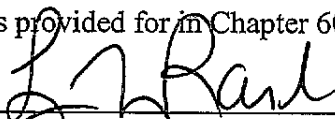
**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is 1009 N. O'Brien St. Suite 200, Tampa, Florida 33607.

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

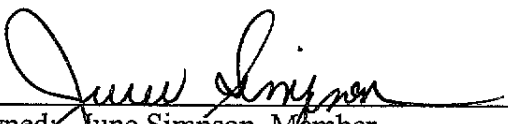
The name and the Florida street address of the registered agent are Larry L. Rardon, Esquire, 3918 N. Highlands Ave., Tampa, FL. 33603

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.

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV  
Management**

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

  
\_\_\_\_\_  
Typed: June Simpson, Member,  
Benefits Coordination Specialists, Co., LLC

(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.)

FILED  
01 SEP -4 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA