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L61600016890

Barry Engel Accounting and Bookkeeping, Inc.

1250 South Highway 17-92

Suite 120

Longwood, FL 32750

(407)830-5835

Fax (407)767-5050

RE: Mowlam Medical Centres LLC

600004618456--4
-10/01/01--01075--008
****125.00 ****125.00

This incorporation was originally filed May 2001 and we have since lost the papers.
We are now refiling this paper work for an incorporation and ask that you disregard the dates.
Please disregard the dates on the cover letter as well as the dates signed and notarized. Set and
give us the earliest dates of incorporation. Sorry for the inconvenience.

FILED
01 OCT - 1 PM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you,



Barry Engel

mtu
10/3

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY
OF
MOWLAM MEDICAL CENTRES LLC**

The undersigned, for the purposes of forming a Limited Liability Company under the Florida general Limited Liability Company Act, hereby adopt the following Articles of Organization.

**ARTICLE ONE
NAME**

The name of the Limited Liability Company is *Molam Medical Centres LLC*

**ARTICLE TWO
DURATION**

This Limited Liability Company shall commence existence as of the date of execution of these articles. The term of existence shall be perpetual.

**ARTICLE THREE
PURPOSE**

The Limited Liability Company may transact any and all lawful business for which Limited Liability Company under the Florida General Limited Liability Company Act.

**ARTICLE FOUR
REGISTERED OFFICE**

The address of the initial registered office of the Limited Liability Company is *16791 SE Highway 42, Weirsdale, FL 32195* and the name of the initial registered agent at such address is *Timothy DeMan*.

FILED
01 OCT -1 PM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE FIVE
MANAGEMENT**

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

**ARTICLE SIX
INLIMITED LIABILITY COMPANY**

The names and addresses of the managers are:

*Timothy DeMan
16791 SE Highway 42
Weirsdale, FL 32195*

*Pat White
Kilberry Manor
Wilikinstown, Naven
C.O.Meath, Ireland*

**ARTICLE SEVEN
AMENDMENTS**

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01 OCT - 1 PM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Limited Liability Company deserves the right to amend or repeal any provision contained in these Articles of Organization of the Limited Liability Company, or any amendment hereto.

**ARTICLE EIGHT
PRINCIPLE OFFICE ADDRESS**

The mailing address for the principal office is:

*16791 SE Highway 42
Weirsdale, FL 32195*

In witness whereof, the undersigned incorporated has executed these Articles of Organization for Limited Liability Company this 9th day of May 2001.


Timothy DeMan

STATE OF FLORIDA
COUNTY OF OSCEOLA

I hereby certify that on this day, before me, an officer duly qualified to take acknowledgements, personally appeared to me **Timothy DeMan** known to be the person described in and who executed forgoing and acknowledged before me that he executed the same for the purposes therein expressed.

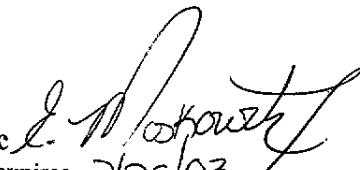
Witness my hand and official seal in the county and state last aforesaid this is 9th day of May 2001.

FILED
01 OCT - 1 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Eva Moskowitz
MY COMMISSION # CC818137 EXPIRES
February 28, 2003

Notary Public
My commission expires


2/28/03

ACCEPTANCE

I agree as registered agent to accept service of process: To keep an office open during prescribed hours: To post my name (and any other officers of said Limited Liability Company authorized to accept service of process at the above Florida designated address) in some conspicuous place in the office as required by law.


Timothy DeMan

**STATE OF FLORIDA
COUNTY OF OSCEOLA**

I hereby certify that on this day, before me, an officer duly qualified to take acknowledgements, personally appeared to me **Timothy DeMan** known to be the person described in and who executed forgoing and acknowledged before me that he executed the same for the purposes therein expressed.

FILED
01 OCT - 1 PM 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Witness my hand and official seal in the county and state last aforesaid this is 9th
day of May 2001.



Eva Moskowitz
MY COMMISSION # CC818137 EXPIRES
February 28, 2003

Notary Public 
My commission expires: 2/28/03

**STATE OF FLORIDA
DEPARTMENT OF STATE**

Certificate designating place of business or domicile for the service of process within this date, naming agent upon whom process may be served and names and addresses of the officers and directors.

The following is submitted, in compliance with chapter 608, Florida Statutes:

Limited Liability Company organizing under the laws of the state of Florida with its principal office located at *16791 SE Highway 42, Weirsdale, FL 32195* has named *Timothy DeMan* its agent to accept service of process within the state.

FILED
01 OCT -1 PM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA