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December 5, 2001

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Secretary of State
Division of Corporation
409 East Gaines Street
Tallahassee, Florida 32399

VIA UPS

RE: Comprehensive Health Initiative LLC

Sir/Madam:

Enclosed herewith please find original executed Articles of Organization for Florida Limited Liability Company to be filed with your office. Kindly have a Certificate of Status issued and a copy returned to the undersigned firm.

If you need any additional information please do not hesitate to contact us.

Yours truly,

MARTINEZ-ESTEVE AND LOPEZ-CASTRO

Michele M. Julia
Real Estate Secretary

:mmj
Enclosures

FILED
2001 DEC 20 PM 1:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 12, 2001

MICHELE M. JULIA
MARTINEZ-ESTEVE AND LOPEZ-CASTRO
901 PONCE DE LEON BLVD SUITE 304
CORAL GABLES, FL 33134

SUBJECT: COMPREHENSIVE HEALTH INITIATIVE LLC
Ref. Number: W01000028407

We have received your document for COMPREHENSIVE HEALTH INITIATIVE LLC and check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan
Document Specialist

Letter Number: 001A00065428

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: COMPREHENSIVE HEALTH INITIATIVE LLC

ARTICLE II - Address:

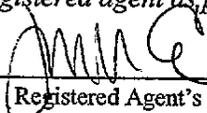
The mailing address and street address of the principal office of the Limited Liability Company is:
1200 N.W. 95th Street, Miami, Florida 33150

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

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

Joseph I. Chi
Name
1200 N.W. 95th Street
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33150
City, State, and Zip

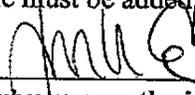
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

✓ 
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 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.)

Joseph I. Chi
Typed or printed name of signee

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DIVISION OF CORPORATIONS
& REGISTRARS
TALLAHASSEE, FLORIDA

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)