Florida Department of State

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 Phone

: (305)634-3694 1 (305) 633-9696 Fax Number

LIMITED LIABILITY COMPANY

OUALITY FINANCIAL HEALTHCARE SOLUTIONS, LLC.

Certificate of Status	0
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TID 2000 10 1900 ARTICLES OF ORGANIZATION FOR QUALITY FINANCIAL HEALTHCARE SOLUTIONS, LLC, A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of the Limited Liability Company is:

QUALITY FINANCIAL HEALTHCARE SOLUTIONS, LLC.

ARTICLE II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: 18459 Pines Blvd. #308, Pembroke Pines, Florida 33029.

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

Arnold Straus, Jr., Esq. 10081 Pines Boulevard, Suite C Pembroke Pines, Florida 33024

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.

Arnold Straus, Jr. Registered Agent's Signature

ARTICLE IV MANAGEMENT

The limited liability company is to be managed by the Members.

ATTY MORAN, Member DEBORAH CARPENTER, Member

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

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