

LO2000020066

July 23, 2002

Registration Section
Divisions of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
02 AUG - 7 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern:

As per the information obtained on sunbiz.org, I am sending this letter along with a check in the amount of \$125.00 payable to the Florida Department of State to form a Florida Limited Liability Company called Cell Health, L.L.C.

The articles of organization are also enclosed. If you need to contact me, my information is show below. Thank you in advance for your assistance!

Sincerely,

Constance Phelan

Constance Phelan
9452 S.W. 52 Street
Cooper City, Florida 33328
Work: 305-663-1083
Cell: 305-725-1783

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****125.00 ****125.00

LO2-20066
JR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 30, 2002

CONSTANCE PHELAN
9452 S.W. 52 STREET
COOPER CITY, FL 33328

SUBJECT: CELL HEALTH, L.L.C.
Ref. Number: W02000021853

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02 AUG -7 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CELL HEALTH, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 402A00045866

August 5, 2002

Registration Section
Divisions of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Subject: Cell Health, L.L.C.
Ref. Number: W02000021853

Dear Tammi Cline:

Please accept my apology for filing an incomplete document. Enclosed please find my Articles of Organization with the signature you requested.

A copy of your request is also enclosed. If you need to contact me, my information is show below. Thank you in advance for your assistance!

Sincerely,

A handwritten signature in cursive script, appearing to read "Constance", followed by a horizontal line extending to the right.

Constance Phelan
9452 S.W. 52 Street
Cooper City, Florida 33328
Work: 305-663-1083
Cell: 305-725-1783

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cell Health, LLC

ARTICLE II - Address:

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

9452 SW 52 Street, Cooper City, FL 33328

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

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

Constance Phelan

Name

9452 SW 52 Street

Florida street address (P.O. Box **NOT** acceptable)

Cooper City

FL

33328

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG - 7 PM 1:38

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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.

Constance Phelan

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)

Constance Phelan

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.)

Constance Phelan

Typed or printed name of signee

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)