

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L02000022127
FILED 8:00 AM
August 26, 2002
Sec. Of State

Article I

The name of the Limited Liability Company is:
SOLE PROVIDER OF AVENTURA, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2730 SOUTHWEST 117TH AVENUE
DAVIE, FL. 33330

The mailing address of the Limited Liability Company is:
2730 SOUTHWEST 117TH AVENUE
DAVIE, FL. 33330

Article III

The name and Florida street address of the registered agent is:
PAMELA KEEN
2730 SOUTHWEST 117TH AVENUE
DAVIE, FL. 33330

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.

Registered Agent Signature: PAMELA KEEN

Article IV

The name and address of members/managers are:

Title: MGRM
PAMELA KEEN
2730 SOUTHWEST 117 AVENUE
DAVIE, FL. 33330

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Signature of member or an authorized representative of a member

Signature: LAWRENCE A. FRANCO