

LO2000023393
THOMPSON COBURN

Thompson Coburn LLP
Attorneys at Law

One US Bank Plaza
St. Louis, Missouri 63101
314-552-6000
FAX 314-552-7000
www.thompsoncoburn.com

September 6, 2002

Tonie R. Hampton
Paralegal
314-552-6180
FAX 314-552-7180
EMAIL thampton@
thompsoncoburn.com

VIA FEDERAL EXPRESS

Florida Secretary of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Novare, LLC and A2A, LLC

200007606842--6
-09/09/02--01080--005
***125.00 ***125.00

Ladies and Gentlemen:

Enclosed herewith for filing in your office are the following documents:

- (i) One (1) original and one (1) copy of Articles of Organization for Novare, LLC;
- (ii) One (1) original and one (1) copy of Articles of Organization for A2A, LLC;
- (iii) Two (2) checks, each in the amount of \$125.00, and each made payable to the Florida Secretary of State, and representative of the fees for each of these transactions.

Upon your approval of each of these companies, please mail a "file-stamped" copy of each to undersigned in the enclosed, self-addressed, postage-paid envelope.

Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Name	Thank you for your attention to these matters.
Availability	
Document Examiner	Very truly yours, DCC
Updater	Thompson Coburn LLP
Updater Verifier	By <i>Tonie R. Hampton</i> Tonie R. Hampton
Acknowledgement	DCC
Enclosures	
W. P. Verifier	DCC

cc: Martha E. Matthews (w/encls.)
Benjamin H. Hulsey, Esq. (w/o encls.)

FILED
SEP - 9 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO2000023393

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Novare, LLC

ARTICLE II - Address:

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

407 Sheridan Boulevard, Orlando, FL 32804

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

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

Martha E. Matthews
Name
407 Sheridan Boulevard
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32804
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 the 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.

Martha E. Matthews
Registered Agent's Signature

FILED
02 SEP -9 PM 1:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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)

Martha E. Matthews
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.)

Martha E. Matthews
Typed or printed name of signer

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)