P.03/05



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Florida Department of State Division of Corporations

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Account Number: 120000000007 Phone: (941)262-5959 Fax Number: (941)434-4999 MK

LIMITED LIABILITY COMPANY

Fousto Holdings Ltd.

Cortificate of Status	1
Certified Copy	0
Page Count	32
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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 15, 2002

QUARLES & BRADY LLP

SUBJECT: FOUSTO HOLDINGS LTD.

REF: W02000032740

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The suffix "LTD." by itself cannot be used in a limited liability company name. You may use "LTD. CO." or "LTD. COMPANY" or "LIMITED COMPANY".

Or you can drop the LTD. and use LLC, LC, or LIMITED LIABILITY COMPANY.

Please correct the suffix.

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



4501 Tamjami Trail North, Suite 300 Attorneys at Law in Naples, Florida 34103-3060 239,262,5959 Fax 239.434.4999 www.quarles.com

Milwaukee and Madison, Wisconsin Naples and Boca Raton, Florida Phoenix and Tucson, Arizona Chicago, Illinois (Quarles & Brady LLC)

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Name Company/Firm City, State Zip Country	Florida Department of State Division of Corporations Tallahassee, FL 850-205-0383	Recipient Fax No.	Reciplient Phone No.
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Re:			Carrent Thurston (2) and a second
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ARTICLES OF ORGANIZATION OF FOUSTO HOLDINGS LLC.

The undersigned members hereby certify that the members have associated themselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Chaffer and authority for the conduct of business of such limited liability company.

NAME

The name of the limited liability company shall be FOUSTO HOLDINGS LLC (the "Company").

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 4323 Pond Apple Drive, Naples, Florida 34119.

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: Naples-Lawdock, Inc., 4501 North Tamiami Trail, Suite 300, Naples, Florida 34103.

MANAGEMENT

The Company shall be managed by its members: Raymond Montecalvo, M.D. and Catherine Montecalvo, M.D.

MEMBERSHIP

The Managers shall have the right to admit new members upon making such contributions as are set out in the Regulations, and otherwise complying with and agreeing to the terms and provisions of the Regulations. Additional members may also be admitted by the affirmative vote of two-thirds of the membership.

MEMBERS' RIGHTS TO CONTINUE BUSINESS

The existence of the Company shall continue, notwithstanding the death, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company.

Executed by the undersigned member at Naples, Florida, on the 2002.

day of November,

Nicole M. Marginian, Esq. Authorized Representative

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CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND

REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is FOUSTO HOLDINGS LLC

The name of the initial registered agent of the limited liability company is Naples-Lawdock, Inc., and the address of the office of the registered agent is 4501 North Tamiami Trail, Suite 300, Naples, Florida 34103.

REGISTERED AGENT ACCEPTANCE

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 that 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.

NAPLES-LAWDOCK,

INC.,

Florida

corporation

By:

Kimberly Leach Johnson, Esq.

Title: Secretary

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SECRETARY DE STATE

ANTIGORIES DE STATE

OFFICIAL DE STATE

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