FEB-21-2003 14 T-760 P.001/004 F-530 20300064 ED EB 19 PM 3: 29 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800
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|                | 21     | OF CORPI |             | IMITED LIABILITY COMPANY                  |          |  |
|----------------|--------|----------|-------------|---|----------|--|
| CEIVED         |        |          | -           | Health Business Solutions New Jersey, LLC |          |  |
|                |        |          |             |   |          |  |
|                |        |          |             | Certificate of Status                     | 0        |  |
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ARTICLES OF ORGANIZATION OF

OF SECKETARY OF STATE HEALTH BUSINESS SOLUTIONS NEW JERSEY, ALGHASSEE, FLORIDA

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These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Act, Chapter 608, Florida Statutes.

#### ARTICLE I NAME

The name of this limited liability company is HEALTH BUSINESS SOLUTIONS NEW JERSEY, LLC (the "Company").

#### ARTICLE II ADDRESS

The Company's mailing address and street address of the principal office of the Company is 1939 Tyler Street, Suite B, Hollywood, Florida 33020.

#### ARTICLE III MANAGEMENT AND CONTROL OF THE COMPANY

The Company will be a manager-managed company.

#### ARTICLE IV REGISTERED AGENT AND OFFICE

The name of the initial registered agent of the Company is Ray Berry, and the address is 751 N. Northlake Drive, Hollywood, Florida 33019.

# ARTICLE V

The period of duration of the Company will be perpetual

Adam J. Relise, Esq. FLA BAR #0192702 Adomo & Yoss, P.A 350 East Las Olas Boulevard, Suite 1700 Fon Lauderdale, Florida 33301 Phone No.; (954) 763-1200

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## CERTIFICATE OF DESIGNATION JECKETARY OF STATE OF REGISTERED AGENT/REGISTERED OFFICE ALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

#### HEALTH BUSINESS SOLUTIONS NEW JERSEY, LLC

2. The name and the Florida address of the registered agent are:

Ray Berry 1939 Tyler Street, Suite B, Hollywood, Florida 33020

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!

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| _                           | CE/DETADY OF STATE    |

The undersigned executed these Articles of Organization on this 20th Day of FLORIDA February, 2003.

Authorized Representative of the Members:

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an effirmation under the penalties of perjury that the facts stated herein are true.)

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