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TRANSMITTALLETTER

TO: RegistrationSection
Divisionof Corporations

SUBJECT: RICHARDSON PEDIATRICS, LLC
(Nameo fLimited LiabilityComp any)

TheenclosedArticlesofOrganizationandfee(s)aresubm ittedforfiling.

Pleasereturnallcorrespondenceconcerningthism attertothefollowing:

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TALLAHASSEE, FLORIDA

M A RICHARDSON
(NameofPerson)

RICHARDSON PEDIATRICS, LLC
(Firm/Company)

533 GREEN BRIER AVENUE
(Address)

CELEBRATION, FL 34747
(City/Statean dZip Cod e)

Forf urtherinf ormationconcerningthism atter,pleasecall:

MARGARET A. RICHARDSON at(407) 492-9660
(NameofPerson) (AreaC ode&Dayt imeTelephoneNum ber)

STREET ADDRESS:
Registration Section
DivisionofCorporations
409E.GainesStreet
Tallahassee,Florida32399

MAILINGADDRESS:
Registration Section
DivisionofCorporations
P.O.Box6327
Tallahassee,Florida32314

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLEI-Name:
ThenameoftheLim itedLiabilityCompanyis:

RICHARDSON PEDIATRICS, LLC

ARTICLEII-Address:
Themailingaddressandstreetaddressoftheprincipaloff iceoftheLimitedLiabilityCom panyis:

PrincipalOfficeAddress:

533 GREENBRIER AVE
CELEBRATION, FL 34747

Mailing Address:

533 GREENBRIER AVE
CELEBRATION, FL 34747

ARTICLEIII-RegisteredAgent,RegisteredO ffice,&RegisteredAgent'sSignature:

ThenameandtheFloridastreetaddressoftheregisteredagentare:

MARGARET A. RICHARDSON
Na me

533 GREENBRIER AVE
Floridastreetaddress(P.O.Box **NOT**acceptable)

CELEBRATION, FL 34747
City,State,andZip

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TALLAHASSEE, FLORIDA

Havingbeennamedasregisteredagentandtoacceptserviceofprocessfortheabovestatedlimited liabilitycompanyattheplacedesignatedinthiscertificate,Iherebyaccepttheappointmentas registeredagentandagreetoactinthiscapacity.Ifurtheragreetocomplywiththeprovisionsofall statutesrelatingtotheproperandcompleteperformanceofmyduties,andIamfamiliarwithand acceptttheobligationsofmypositionasregisteredagentasprovidedforinChapter608,F.S..

Margaret A. Richardson
RegisteredAgent'sSignature

(CONTINUED)

ARTICLEIV-Manager(s)orManagingMember(s):
Thenam eandaddressofeachManagerorManagingMemberisasfollows:

Title: "MGR"=Manager "MGRM"=ManagingMem ber	**Name and Address:**
MGRM	MARGARET A. RICHARDSON 533 GREENBRIER Ave CELEBRATION, FL 34747

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TALLAHASSEE, FLORIDA

(Useattachm entifnecessary)

NOTE:Anadditionalarticlemustbead ded if an effective date is requested.

REQUIREDSIGNATURE:

Margaret A Richardson
Signatureofamemberoranauthoriz edrepresentativeofa member.

(Inaccordancewith section608.408(3),Florid aStatutes,theexecution ofthisdocum entconstitutesan affirmationunderthepenaltiesofperjury thatthefactsstatedhereinaretrue.)

MARGARET A. RICHARDSON
Typedorpri ntednam eofsignee

FilingFees:
$100.00FilingFeeforArticlesofOrganiz ation
$25.00DesignationofRegisteredAgent
$30.00Certi fiedCopy(Opti onal)
$5.00Certi ficateofStatus(Opti onal)