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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 211879 7137273

AUTHORIZATION :

COST LIMIT : \$ 125.00

03 AUG 20 PM 3:30
FILED
TALLAHASSEE, FLORIDA

ORDER DATE : August 20, 2003

ORDER TIME : 10:54 AM

ORDER NO. : 211879-005

CUSTOMER NO: 7137273

CUSTOMER: Eric M. Sauerberg, Esq
Eric M. Sauerberg, P.a.

Suite 102
200 Village Square Crossing
Palm Bch Garden, FL 33410

DOMESTIC FILING

NAME: INTERNATIONAL EDUCATION IN
HEALTH, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
INTERNATIONAL EDUCATION IN HEALTH, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is International Education in Health, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 2875 South Ocean Boulevard, Suite 212, Palm Beach, Florida 33480. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is Eric M. Sauerberg, 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410.

ARTICLE V

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 19th day of August, 2003.

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03 AUG 20 PM 3:30
SECRET
TALLAHASSEE, FLORIDA

Robert Ross

Robert Ross, Trustee of the Robert Ross
Revocable Trust dated January 29, 2001,
Member

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 19th day of August, 2003, by Robert Ross, as Trustee of the Robert Ross Revocable Trust dated January 29, 2001, who is personally known to me or who has produced Florida State Driver's License Number _____ as identification.

Executed this 19th day of August, 2003.

Signature of Notary

Printed Name:

My Commission Expires:

My Commission Number:



Eric M. Sauerberg
MY COMMISSION # DD181486 EXPIRES
March 1, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
AUG 20 PM 3:30
TALLAHASSEE, FLORIDA

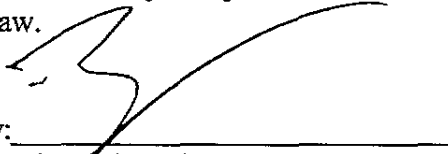
**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 608.415 and Chapter 608.507 Florida Statutes, the following is submitted:

That International Education in Health, LLC, a Florida limited liability company, with its registered office at 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410, has named Eric M. Sauerberg at such address as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: 
Eric M. Sauerberg,
Registered Agent

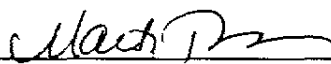
STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 19th day of August, 2003, by Eric M. Sauerberg, who is personally known to me or who has produced Florida State Driver's License Number _____ as identification.

Executed this 19th day of August, 2003.



Marti Pearson
MY COMMISSION # DD184378 EXPIRES
February 17, 2007
BONDED THRU TROY FAIN INSURANCE, INC.



Signature of Notary
Printed Name:
My Commission Expires:
My Commission Number: