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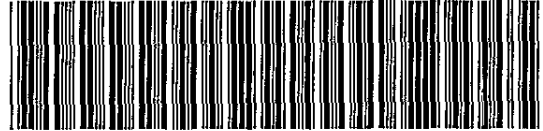
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September 11, 2003

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

HCNS, LLC

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | Non Profit        |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Amendment                          |
| <input type="checkbox"/> | Resignation of RA Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent         |
| <input type="checkbox"/> | Dissolution/Withdrawal             |
| <input type="checkbox"/> | Merger                             |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Reports   |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |
| <input type="checkbox"/> | Reinstatement    |

| REGISTRATION/QUALIFICATION |                   |
|----------------------------|-------------------|
| <input type="checkbox"/>   | Foreign           |
| <input type="checkbox"/>   | Limited Liability |
| <input type="checkbox"/>   | Reinstatement     |
| <input type="checkbox"/>   | Trademark         |
| <input type="checkbox"/>   | Other             |

# ARTICLES OF ORGANIZATION

of

HCNS, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned organizer hereby forms a Limited Liability Company under Chapter 608 of the laws of the State of Florida.

## ARTICLE I. NAME

The name of the Limited Liability Company ("Company") shall be HCNS, LLC.

## ARTICLE II. PRINCIPAL PLACE OF BUSINESS

The address of the principal place of business of this Company shall be 3200 Bailey Lane, Suite 117, Naples, Florida 34105, and the mailing address of the Company shall be the same.

## ARTICLE III. TERM OF EXISTENCE

This Company shall commence its existence on the date these Articles are filed, pursuant to Florida Statutes Section 608.409; and shall exist until dissolved in a manner provided by law or as provided in the operating agreement adopted by the members.

## ARTICLE IV. NATURE OF BUSINESS

This Company may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### **ARTICLE V. NEW MEMBERS**

Except as otherwise provided in the operating agreement adopted by the members, ~~no~~ new members shall be admitted without the consent of members owning at least sixty percent (60%) of the voting membership interests.

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#### **ARTICLE VI. CONTINUATION OF COMPANY**

Except as otherwise provided in the operating agreement adopted by the members, the remaining members of this Company shall have the right to continue the business of the company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any event that terminates the continual membership of a member in the limited liability company, upon vote of the remaining members owning at least sixty percent (60%) of the voting membership interests.

#### **ARTICLE VII. MANAGEMENT**

The Company shall be managed by its manager pursuant to Florida Statutes Section 608.422.  
The name and address of the manager is as follows:

Nicholas J. Shepherd  
3200 Bailey Lane, Suite 117  
Naples, Florida 34105

#### **ARTICLE VIII. INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

1. The name of the initial registered agent of the Company is Jeff M. Novatt, Esquire.
2. The street address of the initial registered office of the Company shall be CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP, 821 Fifth Avenue South, Suite 201, Naples, Florida

34102. The mailing address shall be CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP, 821 Fifth Avenue South, Suite 201, Naples, Florida 34102.

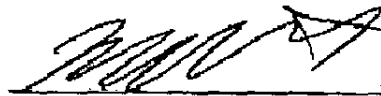
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#### ARTICLE IX. ORGANIZER

The name and street address of the Organizer to these Articles of Organization is:

Jeff M. Novatt, Esq.  
Cheffy, Passidomo, Wilson & Johnson  
821 Fifth Avenue South  
Suite 201  
Naples, Florida 34102

IN WITNESS WHEREOF, the undersigned, has hereunto set his hands, on this 11<sup>th</sup> day of September, 2003.



Jeff M. Novatt, Esq.  
Authorized Representative

#### ACCEPTANCE

I agree, as Registered Agent, to accept service of process; to keep my office open during prescribed hours; to post my name (and any other officers of said limited liability company authorized to accept service of process at the above Florida designated address) in some conspicuous place in my office as required by law. I am familiar with and accept the obligations of my position as registered agent.

WITNESS my hand this 11<sup>th</sup> day of September, 2003, in the City of Naples, State of Florida.



Jeff M. Novatt, Esq.  
Registered Agent