

L 03000035740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

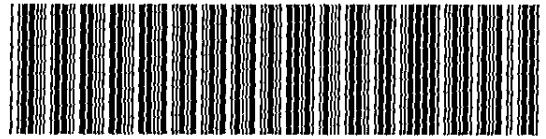
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700022920877

09/19/03--01063--003 **130.00

RECEIVED
03 SEP 19 PM 12:07
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED
03 SEP 19 PM 2:36
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Handwritten initials

GRAYHARRIS
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON
SUITE 600
301 SOUTH BRONOUGH ST. (3
P.O. BOX 11189
TALLAHASSEE, FLORIDA 32302
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
WWW.GRAYHARRIS.COM

September 11, 2003

FILED
SEP 19 PM 2:36
TALLAHASSEE, FLORIDA
E-MAIL ADDRESS

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$130.00** for the applicable filing fees and fees to obtain a **CERTIFIED COPY** of the **ARTICLES OF ORGANIZATION** for the following entity:

CONNEXIONS HEALTH, LLC

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,



Debbie Frost
Office Administrator

/dyf
Enclosures

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONNEXIONS HEALTH, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

3600 ECOMMERCÉ PLACE
ORLANDO, FL 32808

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MICHAEL E. NEUKAMM
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

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 as provided for in Chapter 608, F.S..


REGISTERED AGENT'S SIGNATURE

Article IV - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

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

MICHAEL E. NEUKAMM
Typed or printed name of signee

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

FILED
03 SEP 19 PM 2:36
TALLAHASSEE, FLORIDA