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To:

Division of Corporations
Fax Number : (850)205-0383

From: KUMARIE S. JAGNARAIN

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION AS SOON AS POSSIBLE.
THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

Kumarie Jagnarain

LIMITED LIABILITY COMPANY
LEGACY HEALTHCARE SOLUTIONS, LLC

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**ARTICLES OF ORGANIZATION
OF
LEGACY HEALTHCARE SOLUTIONS, LLC**

ARTICLE I - NAME

The name of this limited liability company is LEGACY HEALTHCARE SOLUTIONS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE


The mailing address and street address of the principal office of the Company is 3986 Lancashire Lane, Longwood, Florida 32779.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Laurence C. Hames.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more members and is, therefore, a member managed company.



Signature of a Member or an Authorized
Representative of a Member

Laurence C. Hames

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Laurence C. Hames