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SHUFFIELD LOWMAN

P.01

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Florida Department of State  
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From:

Account Name : SHUFFIELDLOWMAN  
Account Number : I20030000118  
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**LIMITED LIABILITY COMPANY**

**BEACON HEALTHCARE SERVICES, LLC**

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION**

**BEACON HEALTHCARE SERVICES, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is Beacon Healthcare Services, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is as follows:

301 E. Pine Street, Suite 350  
Orlando, FL 32801

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall commence on the date on which these Articles of Organization are filed by the Florida Department of State.

**ARTICLE IV  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

**ARTICLE V  
MANAGEMENT**


The Company is to be manager managed.

APPROPRIATE  
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**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

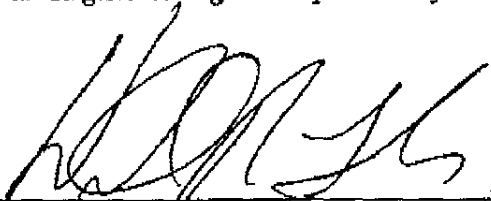
RISK TRANSFER HOLDINGS, INC., Member

By:   
Daryl B. Williams, President

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 of the Florida Statutes.*

  
William R. Lowman, Jr., Esq.

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