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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

the diakonos group, llc

Certificate of Status	0
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2004

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(3)

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE DIAKONOS GROUP, LLC

Article II - Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
ONE EAST BROWARD BLVD	ONE EAST BROWARD BLVD
SOUTHTRUST BANK TOWER STE 700	SOUTHTRUST BANK TOWER STE 700
FT LAUDERDALE FL 33301	FT LAUDERDALE FL 33301

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

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

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TALLAHASSEE, FLORIDA

APPROVED AND FILED

EJ GENEROTTI, ESQ.
Name

7805 SW 16 CT
Florida street address (P.O. Box NOT acceptable)

PLANTATION FL 33324
City, State, and Zip

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

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ARTICLE IV - Management / Member(s):
The name(s) and address(es) of each Manager or Managing Member is as follows"

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGER	DUANE SWILLEY 1001 IVES DAIRY RD NORTH MIAMI, FL 33179
MANAGING MEMBER	AMANDA MATHE 3020 NE 32 AVE #1518 FT LAUDERDALE, FL 33308

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Amanda Mathe
Signature of a member or an authorized representative of a member.

(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.)

Amanda Mathe
Typed or printed name of signee

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