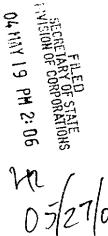


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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: STREET CORNER MEDIX, LLC				
	(Name of Limited Liability Company)				
The er	nclosed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
JAMES CAPILETON					
	(Name of Person)				
(Firm/Company)					
	1910 HARDEN BLUD, SUITE 109	5			
(Address)					
	LAICELAND FL 33803 (City/State and Zip Code)				
	(City/State and Zip Code)				
For fu	arther information concerning this matter, please call:				
<u> </u>	(Name of Person) at (863) 688-4555 (Area Code & Daytime Telephone Number)				
	(Name of reison) (Area Code & Davime Telephone Number)				

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR STREET CORNER MEDIX, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 NAME

The name of this Limited Liability Company (the Company) shall be: Street Corner Medix, LLC

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business of this Limited Liability Company is: 1910 Harden Blvd.
Suite 105
Lakeland, FL 33803

The mailing address of this Limited Liability Company is: 1910 Harden Blvd.
Suite 105
Lakeland, FL 33803

ARTICLE 3 INITIAL REGISTERED AGENT

The name and address of the initial registered agent is: James Carleton 1910 Harden Blvd.
Suite 105
Lakeland, FL 33803

ARTICLE 4 MANAGEMENT

The Company shall be managed by a manager(s) in accordance with Resolution or Operating Agreement adopted by the Members. The Operating Agreement may contain any provisions for the management and operation of the affairs of the Company which are not inconsistent with law or these Articles of Organization.

IN WITNESS WHEREOF, the undersigned Organizer has made and subscribed these Articles of Organization at Lakeland, Polk County, Florida this 25th day of January, 2004.

James Carleton, Organizer

Data

DIVISION OF CORPORATION

04 HAY 19 PM 2: 06

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statues, the undersigned Street Corner Medix, LLC, organized under the laws of the State of Florida, submits the following statement designating the registered agent/office, in the State of Florida:

The name of the Limited Liability Company is:
 Street Corner Medix

Lakeland, FL 33803

2. The name and address of the registered agent and office of the company

James Carleton

1910 Harden Blvd.

Suite 105

Acceptance: Having been named as registered agent and to accept service of process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby accept such appointment 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 obligation of my position as registered agent as provided for in Chapter 608, F.S.

James Carleton, Organizer & Registered Agent

Date

Unanimous Written Consent of Members of Street Corner Medix, LLC

We, the undersigned, constituting all four (4) members of Street Corner Medix, LLC do this 25 day of January, 2004, hereby consent to the adoption of the following resolutions, effective immediately.

RESOLVED, that the Members of the Company hereby release the organizer of this Company, in his capacity as such organizer, from any duty to perform any other or further managerial acts for, in the name of, or on behalf of this Company.

FURTHER RESOLVED, that the Members of this Company hereby accept the rights and obligations as members of a limited liability company; including, but not limited to, the responsibility to pay federal income tax on his/her respective share of Company profits.

FURTHER RESOLVED, that the Members of this Company hereby ratify the formation of the Company, the filing of the Company's Articles of Organization and the contents thereof (a copy of which is attached hereto as Exhibit A and incorporated by reference)

FURTHER RESOLVED, that the Members of this Company hereby ratify the selection of James Carleton as initial sole Manager of the Company and consent, agree and approve that Mr. Carleton, shall and is authorized to open such bank accounts of the nature and type as, in his judgment are reasonable and necessary, and shall grant withdrawal authority to himself, and/or other persons as, in his judgment, are reasonable and necessary.

FURTHER RESOLVED, that these resolutions be kept with the Company's records.

IN WITNESS WHER	EOF, each of the Members	have executed this unani	mous written conse	nt≝as o
the date signified below.				
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<u>_w</u>	1	BLT	DAH	CP STA
			9	<u> </u>

	,
Chris Welch / Challold	Thomas Vick Milled
Name	Name
III Lake Hollingsworth Dr.	30916 Fade Ct
Address	Address
Lakeland, FL 33801	Address phyrhills, Fl 33544
Address	Address
447-90-4811	596-76-6389
Social Security Number	Social Security Number
1-25-2004	1/25/04
Date	Date
Name 17825 Big Surpr. Address Tamps FL 33425 Address 428-51-0390	RERTEN LEE TANNER JUSTICE Name 6270 AVENTURA DICEVE Address SAKASOTA, EC 34241 Address 257-59-9411
Social Security Number	Social Security Number
1/15/04	1/25/04
	Date
Date ' '	Date '

MANAGER'S ACCEPTANCE OF APPOINTMENT AND CERTIFICATION OF THE MEMBERS OF STREET CORNER MEDIX, LLC

Signature

O4 TAY 19 PH 2:

Date