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2004 MAY 24 PM 2:09  
TALLAHASSEE, FLORIDA

J. BRYAN MAY 28 2004

SDB

**Provider Resources LLC**  
P O Box 501170 ~ Malabar, FL 32950-1170  
Phone 321 768-1088 ~ Fax 321 951-7708

FILED  
2004 MAY 24 PM 2:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

May 20, 2004

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find the following:

- (1) Transmittal letters & Articles of Organization for seven (7) single member Florida Limited Liability Companies (namely, 2nd Avenue LLC, Aviation Avenue LLC, Eldron Boulevard LLC, Everglade Avenue LLC, Hessey Avenue LLC, Hoag Avenue LLC, & Roosevelt Avenue LLC) & one (1) multi-member, multi-manager Florida Limited Liability Company (Provider Resources LLC)
- (2) a check for \$1000.00 made payable to Florida Department of State for the filing fees for eight (8) LLC's.

For your information:

I will be the "single member" in the seven single member LLC's. The multi-member, multi-manage LLC (Provider Resources LLC) will act as the "manager" of all seven of the single member LLC's.

My husband, Jerry L. Bennett & I will both will be "members" & as well as "managers" of the multi-member, multi-manager LLC (Provider Resources LLC).

We will be filing with the IRS for a EIN # for Provider Resources LLC & filing IRS form 2553 to elect that we be taxed as an S-corporation. The seven single member LLC's, by default, will be considered as "disregarded as separate entities."

I will act as the registered agent for all eight (8) LLC's. Please send the letter(s) of acknowledgment & any other correspondence to: P O Box 501170 Malabar, FL 32950-1170. If you have any questions or need any additional information I can be reached at (321) 768-1088. Thank you for your assistance in this matter.

Sincerely,

*Sandra D. Bennett*

Sandra D. Bennett

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2nd Avenue LLC  
(Name of Limited Liability Company)

FILED  
2004 MAY 24 PM 2:  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra D. Bennett  
(Name of Person)

Provider Resources LLC  
(Firm/Company)

P O Box 501170  
(Address)

Malabar, Fl 32950-1170  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra D. Bennett at (321) 768-1088  
(Name of Person) (Area Code & Daytime 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  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2004 MAY 24 PM 2:05  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**2nd Avenue LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**3695 Laurens Ave.**

**Valkaria, Fl 32950**

**Mailing Address:**

**P O Box 501170**

**Malabar, Fl 32950-1170**

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

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

**Sandra D. Bennett**

Name

**3695 Laurens Ave.**

Florida street address (P.O. Box **NOT** acceptable)

**Valkaria, Fl 32950**

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, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGR**

**Provider Resources LLC**

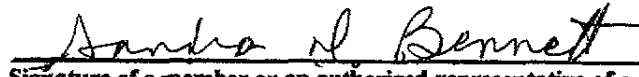
**P O Box 501170**

**Malabar, Fl 32950-1170**

(Use attachment if necessary)

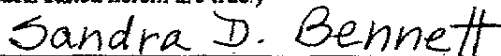
**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)



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)**

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TALLAHASSEE, FLORIDA