

07-21-04

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FROM LOZIER THAMES FRAZIER PA

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Florida Department of State
Division of Corporations
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TALLAHASSEE FL 32399

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Southeast Medical Action Trainers, L.L.C.

Certificate of Status	1
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ARTICLES OF ORGANIZATION**OF****SOUTHEAST MEDICAL ACTION TRAINERS, L.L.C.**

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, and F.S. Chapter 621, does hereby certify and adopt these Articles of Organization

ARTICLE I - NAME

The name of the limited liability company shall be "SOUTHEAST MEDICAL ACTION TRAINERS, L.L.C." ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 6997 Weatherwood Drive, Pensacola, Florida 32506.

ARTICLE III - DURATION

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Abigail K. Sanders, 24 West Chase Street, Pensacola, Florida 32501.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members' obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

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ARTICLE VII - MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII - MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - PURPOSE AND LIMITATIONS

The purpose for which the Company is organized is to provide medical, first aid, and safety training services. Additional purposes for which the Company is organized are to engage in any and all other activities for which a limited liability company may be organized in Florida, subject always to limitations of Florida law. The Company and its members are not authorized to engage in any activity or take any action expressly forbidden by Florida law.

ARTICLE X - AMENDMENT

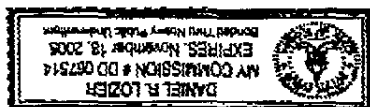
These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement as adopted and agreed upon by the members and as authorized by Florida law.

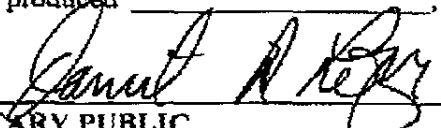
IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.


ABIGAIL K. SANDERS, Organizer

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to and subscribed before me this 21st day of July, 2004, by ABIGAIL K. SANDERS, who (X) is personally known to me or who () has produced _____, as identification and who did not take an oath.




NOTARY PUBLIC

Commission No. _____

My Commission Expires: _____



**ACCEPTANCE OF DESIGNATION AS
RESIDENT AGENT**

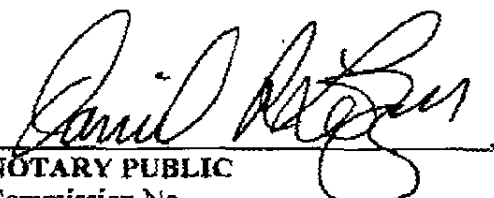
I, ABIGAIL K. SANDERS, the designated resident agent of SOUTHEAST MEDICAL ACTION TRAINERS, L.L.C., do hereby certify that my address is 24 West Chase Street, Pensacola, Florida 32501, do hereby accept the designation and appointment as resident agent of SOUTHEAST MEDICAL ACTION TRAINERS, L.L.C., a Florida Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

Dated this 21st day of July, 2004.


ABIGAIL K. SANDERS

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 21st day of July, 2004, by ABIGAIL K. SANDERS, who (X) is personally known to me or who () has produced a driver's license as identification and has taken an oath.


NOTARY PUBLIC
Commission No. _____
My Commission Expires: _____

