

L04600065739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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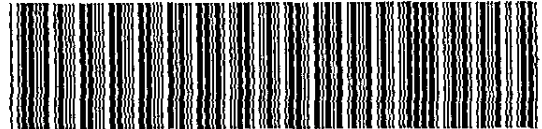
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W04-65739
AK

9715 Savannah Estates Drive
Lake Worth, FL 33467

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

August 30, 2004

Dear Madam or Sir,

We enclose herewith Transmittal Letter and Articles of Organization for Florida Limited Liability Company for registration of High Tech Infusion LLC. I can be contacted at (561) 504-4745 to answer your questions. Our check (check # 1564) in the amount of \$125.00 is attached.

Sincerely



Jeffrey G Hillier

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGH TECH INFUSION LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

JEFFREY G HILLIER
(Name of Person)

(Firm/Company)

9715 SAVANNAH ESTATES DRIVE
(Address)

LAKE WORTH, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY G HILLIER at (561) 504-4745
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIGH TECH INFUSION LLC

ARTICLE II - Address:

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

Principal Office Address:

9715 SAVANNAH ESTATES DRIVE

LAKE WORTH, FL 33467

Mailing Address:

9715 SAVANNAH ESTATES DRIVE

LAKE WORTH, FL 33467

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

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

JEFFREY G HILLIER

Name

9715 SAVANNAH ESTATES DRIVE


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

LAKE WORTH

FLORIDA 33467

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

Name and Address:

MGRM

LANCE BLITZER

7031 CHESAPEAKE CIRCLE

BOYNTON BEACH, FL 33436

MGRM

JEFFREY G HILLIER

9715 SAVANNAH ESTATES DRIVE

LAKE WORTH, FL 33467

(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.)

JEFFREY G HILLIER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)