

L040000 73909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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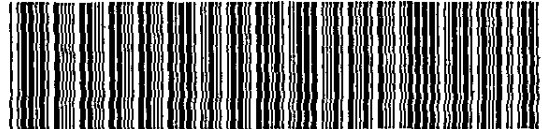
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/12/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSS-TOWN REFERRALS, 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:

PAUL MANDEL
(Name of Person)

(Firm/Company)

10115 WEST SAMPLE ROAD
(Address)

CORAL SPRINGS, FLORIDA 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL MANDEL at (954) 344-8420
(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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CROSS-TOWN REFERRALS, LLC

ARTICLE II - Address:

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

Principal Office Address:

2935 NW 116 TERRACE

CORAL SPRINGS, FLORIDA 33065

Mailing Address:

10115 WEST SAMPLE ROAD

CORAL SPRINGS, FLORIDA 33065

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

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

PAUL MANDEL

Name

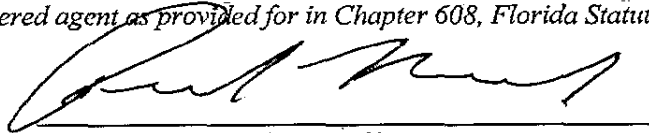
10115 WEST SAMPLE ROAD

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

CORAL SPRINGS, FLORIDA 33065

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

Managing Member(s):

The name and address of each

Managing Member is as follows:

Title:

Name and Address:

"MGRM" = Managing Member

MGRM

PAUL MANDEL

10115 WEST SAMPLE ROAD

CORAL SPRINGS, FLORIDA 33065

MGRM

MYRA W. BEAMS, P.A.

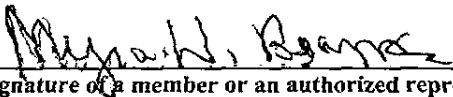
7800 N. UNIVERSITY DRIVE, SUITE 301

TAMARAC, FLORIDA 33321

(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.)

MYRA W. BEAMS, P.A.

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)