

LU5000016105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

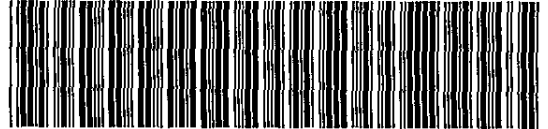
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173.

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH
DATE: 2/16/05
REF. #: 0177.34885
CORP. NAME: HRS OPERATIONS, LLC

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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 511444 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
HRS OPERATIONS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of HRS OPERATIONS, LLC (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company is:

HRS OPERATIONS, LLC

**ARTICLE II
Address**

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

2 State Road 60 West
Lake Wales, Florida 33853

**ARTICLE III
Duration**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
Registered Agent**

The name and address of the registered agent for service of process in the state shall be:

Randy Heysek, M.D.
2 State Road 60 West
Lake Wales, Florida 33853

**ARTICLE V
Management**

The Limited Liability Company will be a member-managed company.



Randy Heysek, M. D.
Authorized Signatory

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TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
HRS OPERATIONS, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Randy Heysck, M. D.

Dated: February 16, 2005