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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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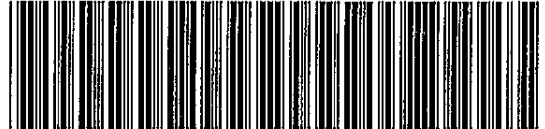
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Special Instructions to Filing Officer:

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RECEIVED
TALLAHASSEE, FLORIDA
05 APR -8 PM 12:37

FILED
05 APR -8 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Offices
OF
GOLDSMITH, GROUT & LEWIS, P.A.

Karen L. Goldsmith
Jonathan S. Grout
Peter A. Lewis

FILED
05 APR -8 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 7, 2005

Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Mandarin Health Group

Dear Sir or Madam:

Enclosed please find Articles of Organization and the appropriate filing fees for the above referenced applicant.

Please direct all questions or other inquiries to this office. Please advise when the documents are available and we will arrange to have them picked up at your offices.

Thank you for your cooperation with this matter.

Sincerely,


Peter A. Lewis

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mandarin Health Group, LLC
(Name of Limited Liability Company)

FILED
05 APR -8 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Peter A. Lewis
(Name of Person)

Goldsmith, Groat & Lewis, P.A.
(Firm/Company)

307 West Park Avenue, Suite 200
(Address)

Tallahassee, FL 32302
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter A. Lewis at (850) 222-1745
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mandarin Health Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9301 Northeast 6th Avenue, Suite 313
Miami Shores, FL 33138

9301 Northeast 6th Avenue, Suite 313
Miami Shores, FL 33138

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

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

Peter A. Lewis

Name

307 West Park Avenue, Suite 200

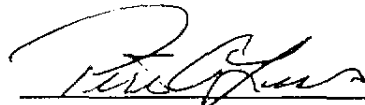
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32302

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, F.S.



Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGRM

Dion Sene
9301 Northeast 6th Avenue, Suite 313
Miami Shores, FL 33138

(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.)

Peter A. Lewis

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)