407-843-4444 9/15/200 Division of C ons Page 1 of 1 imora 行会 15 人 3:05

Florida Department of State Division of Corporations

Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000220610 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

JUNSION OF CORPORATION

05 SEP 15 PH 3: 36

RECENED

Division of Corporations Fax Number : (550)205-0383

Prom: CAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A. Account Number : 072720000036 Phone : (407)843-4600 Fab: Number : (407)843-4444

PLEASE AREANCE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO BE AS SOON AS POSSIBLE. THANK YOU.

# LIMITED LIABILITY COMPANY

# I.L.M. HOUSTON, LLC

Certificate of Status	
Catified Copy	
Page Count	
Estimated Charge	Artistication of the second states

National States, States, Maria

Transfording Hund

AL.

n in the

. .

1.7.1

407-843-4444	9/15/2005 3:10	PAGE 001/003	Fax Server	
Lowndes Drosdick Doster S Kantor & Reed, P.A.	T	DA 32801	-	3 <b>800</b>
FROM:	Name: Fax Number: Voice Number:			-
TO: Messages:	Name: Company: Fax Number: Voice Phone:	FLORIDA DIVISIOI 1-850-205-0383	N OF CORPORATIONS	

Date and time of transmission: Thursday, September 15, 2005 3:09:48 PM Number of pages including this cover sheet: 03

If you did not receive all of the pages, please contact us as soon as possible.

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage. Thank you.

407-843-4444

9/15/2005 3:10 PAGE 003/003 Fax Server

H05000220610 3

#### ARTICLES OF ORGANIZATION OF I.L.M. HOUSTON, LLC

3. 115 C 10K

## ARTICLE I - NAME

The name of this limited liability company is I.L.M. HOUSTON, LLC (the "Company").

#### ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 701 Medical Plaza Dive, Lecsburg, Florida 34748.

APARTER HI PATTAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 701 Medical Plaza Drive, Leesburg, Florida 34748, and the name of the initial registered agent of the Company at that address is Isaac L. Mitchell.

Isaac L. Mitchell, Member or Authorized Representative of a Member

### ACCEPTANCE OF REGISTERED AGENT

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 negistered agent and agree to act in this capacity. I further agree to comply with the provisions of **illetitude-soluting 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, Flor da Statutes.

ha (

Isaac L. Mitchel