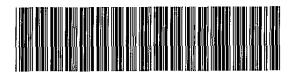
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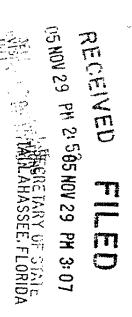
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COVER LETTER

TO: Registration Division of	n Section Corporations	· · · · · · · · · · · · · · · · · · ·	- · ·
SUBJECT:	Name of Limite	ent Core of Di	ignatic Center
	(2.12.10 \$2.21.10		
The enclosed Article	es of Organization and fee(s) are su	abmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
<	David Keer	_	<u>=</u> .
	0	Name of Person)	
	(Firm/Company)	
		6	
	2245 uplad	(Address)	
		(Address) (Ca 32) /State and Zip Code)	: : : : : : : : : : : : : : : : : : :
	(Allahun	Fla 32	31/
	(City	/State and Zip Code)	
For further informati	on concerning this matter, please of		
Day	ud Kee	at (RTO) 81 8 - (Area Code & Daytime Tel	-3156
(N:	ame of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check	k for the following amount:		
	_	-	= 0.400000000000000000000000000000000000
□ \$125.00 Filing F	ee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	S160.09 Filing Fee, Certificate of Status
	• • • • • • • • • • • • • • • • • • • •	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
	Mailing Address	Street/Courier Address	<u> </u>
	Registration Section	Registration Section	<u></u>
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	0 R
	Tallahassee, FL 32314	2661 Executive Center (Tallahassee, FL 32301	Circle Dr. 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Wakola Organ Care Diagnalic Centur (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

Shops by the Bay	2245 Upland Way
Pane cea Monida	Tollahue Pla

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

David Keen	
Name	
2245 upland way	
Florida street address (P.O. Bdx NOT acceptable)) .
Tollahere FL 32011	
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 language with and accept the obligations of my position as registered agent as provided for in chapte 308.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u> Fitle:</u>	Name and Address:
"MGR" = Manager	
'MGRM" = Managing Member	~ · L V 00 m
MGR	David Keen 2245 Upland was
76900	ZZ7 J Opens vous
	TAN 32811
,, , , , , , , , , , , , , , , , , , , 	
The establishment (Comment)	
Use attachment if necessary)	
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LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	Madical facility of a member.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document considerations.	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury so
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with see	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury of the penalties of penalt
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury so

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)