

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HODGSON RUSS LLP
Account Number : 072720000242
Phone : (561) 394-0500
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

NHA LLC

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Marla R. Mayster
1801 North Military Trail
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Telephone: 561.394.0500
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A Registered Limited Liability Partnership Including Professional Associations

Please deliver the following pages to:

Name: Division of Corporations

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From: Marla R. Mayster **Direct Telephone:** 561-862-4126

Total Pages: (including cover page) 04

Today's Date: Friday, December 09, 2005 2:03:30 PM

Comments:

Please file the attached Articles of Organization of NHA LLC. Thank you.

Confidentiality Notice

This is a **CONFIDENTIAL** transmission. The sender, Hodgson Russ LLP, is a law firm representing its client. The transmission is intended for the designated addressee only. If you are not the intended recipient, please contact us immediately and **REFRAIN FROM DISCLOSING OR USING THE ENCLOSED INFORMATION IN ANY WAY**. Failure to comply with this direction may result in a claim that you have violated the law and/or are liable for money damages.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NHA LLC

(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:3591 WATERCHASE WAY EAST
JACKSONVILLE FL 32224Mailing Address:3591 WATERCHASE WAY EAST
JACKSONVILLE FL 32224

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:

HRAWG CORP.

Name

1801 N. MILITARY TRAIL, SUITE 200Florida street address (P.O. Box NOT acceptable)BOCA RATON FL 33431

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 (REQUIRED)

(CONTINUED)

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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:

MGR

M. PARKER BLATCHFORD
3591 WATERCHASE WAY EAST
JACKSONVILLE FL 32224

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

TIM SAWERS

Typed or printed name of signer

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)

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