05000 119522

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filling Office				
Special Instructions to Filing Officer:				

Office Use Only



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12/12/05--01016--021 **130.00



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	CO-PAY FU	pらいし LLC I Liability Company)		
The enclosed Articles of	f Organization and fee(s) are so	abmitted for filing.		
,	ondence concerning this matte	-		
	KENNETH W	Name of Person)		
		Firm/Company)	·	
	1800 NE 114 S	7., # 809 (Address)		,
	MIAMI, FL (City.	•		
	(City	/State and Zin Code)		
	concerning this matter, please	call:	SECRETA	2005 DEC 12 PM 1:
(Name	of Person)	at (305) 892-	elephone Number)	2
Enclosed is a check for	or the following amount:		OF STAT	7.3
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CO-PAY FUNDING	LLC	
(Must end with the words "Limited Liability Company, "Limite	xl Company" or their abbreviatio	n "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limi	ited Liability Company is:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1800 NE 114 STREET # 809 MIANI, FL 33181	1800 DE 114 ST., #809 HIALI , FL 33181
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual er another IT ASS SEE OF S. P. T.
Name	
1800 DE 114 ST	
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)
MIAHI	FL 33181
City, State, a	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) Page 1 of 2

by Fred 18 " E O'C.

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	KENNETH W. ROTH
	1800 NE 114 ST., # 809 Minthi, FL 33181
	11421, 72 33161
MGRH	GUS BESSALEL
	SIOT LAWTON DR. BETHESDA, HD 20816
	BETHESON, HD 20816

(Use attachment if necessary)	
• • • • • • • • • • • • • • • • • • • •	ARE J
CLE V: Effective date, if other than the	date of filing: JAN.1, 2006 (9) IONAL)
effective date is listed, the date must be I days after the date of filing.)	specific and cannot be more than five business days p
o days after the date of fining.)	PM FC
	∩ <u></u>
	ORIU ORIU
REQUIRED SIGNATURE:	1: 37 ORIDA
REQUIRED SIGNATURE:	I: 37 ORIDA
REQUIRED SIGNATURE:	TATE RIDE
Lewe	TATE 37
Signature of a member	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
Signature of a member (In accordance with sect of this document constituted that the facts stated here.)	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)