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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HCAM JACKSONVILLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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SECRETARY OF STATE
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**ARTICLES OF ORGANIZATION for
FLORIDA LIMITED LIABILITY COMPANY**

HCAM Jacksonville, LLC

ARTICLE I – Name

The name of the Limited Company is:

HCAM Jacksonville, LLC

ARTICLE II – Address

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

**2315 NW 107 Avenue, Unit 1M13
Miami, Florida 33172**

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

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

**Perla Sole Calas, Esq.
Perla Sole Calas, Attorney at Law P.A.
15450 New Barn Road, Suite 302
Miami Lakes, Florida 33014**

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.



**Perla Sole Calas
Registered Agent**

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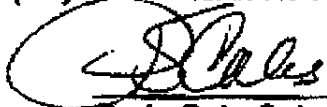
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ARTICLE IV – Management

The Limited Liability Company is member-managed company.

ARTICLE V – Indemnification

HCA/J Jacksonville, LLC hereby agrees to indemnify and hold harmless the members of the company for actions taken in connection with and in furtherance of the company as set forth in the Operation Agreement.



Perla Sole Calas

Member – Authorized Representative

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