

LD6000059061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

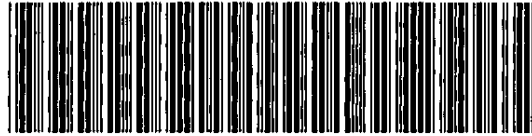
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 JUN - 7 PM 12:09

DB

My Care Verification, LLC

5353 Conroy Rd., Suite 200
Orlando, FL 32811

June 6, 2006

TO: Whom It May Concern
Division of Corporation
409 E. Gaines Street
Tallahassee, FL 32399

Re: New Corporation

Dear Sir or Madam:


Please find herewith our Article of Organization for a Florida Limited Liability Corporation that we would like to form for My Care Verification, LLC.

Also, enclosed is our check for \$ 160.00 payable to Florida Department of State.

Kindly return the certified copy of recorded Articles and a Certificate of Status in the enclosed overnight mail return envelope.

If you have any questions, do not hesitate to call me at (407) 581-9000, ext. 400 or e-mail ajit@avista.com

Yours in Hospitality,
My Care Verification, LLC


Ajit Nana
Senior Vice President

CC: Anil Valbh

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: My Care Verification, LLC

ARTICLE II – Address:

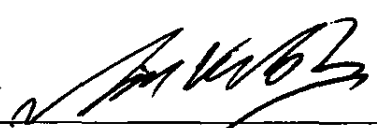
The mailing address and street address of the principal office of the Limited Liability Company is:
5353 Conroy Road, Suite 200
Orlando, FL 32811

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

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

Anil Valbh
5353 Conroy Road, Suite 200
Orlando, FL 32811

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

(An additional must be added if an effective date is requested)



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.)



Anil Valbh

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