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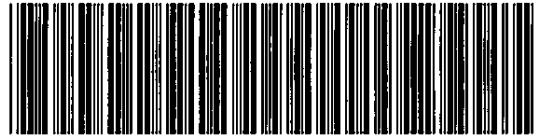
(Business Entity Name)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 218660 87972A

AUTHORIZATION :

COST LIMIT : \$125.00

FILED
2006 JUN 30 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 30, 2006

ORDER TIME : 10:48 AM

ORDER NO. : 218660-005

CUSTOMER NO: 87972A

DOMESTIC FILING

NAME: COGIC COMMUNITY HEALTH FUND,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
COGIC COMMUNITY HEALTH FUND, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that

ARTICLE I - Name:

The name of the Limited Liability Company is: **COGIC Community Health Fund, LLC** (hereinafter the "Company").

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: 5489 Queenship Court, Greenacres, FL 33462.

ARTICLE III - Duration:

The period of duration for the Company shall be until December 31, 2080.

ARTICLE IV - Management:

The Company is to be managed by its manager, Readus C. Smith, and the address of the manager is 5489 Queenship Court, Greenacres, FL 33462.

ARTICLE V - Admission of Additional Members:

The right, if given, of the Members to admit additional members and the terms and conditions of the admissions shall be in accordance with the "Operating Agreement" hereafter adopted by the Members of the Company.

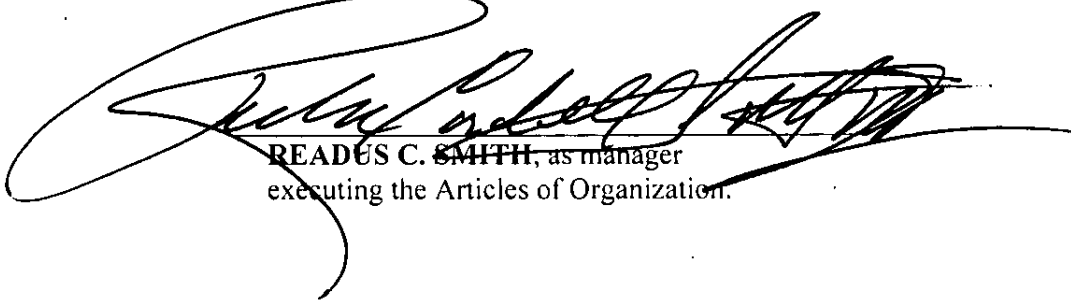
ARTICLE VI - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no Member of the Company shall be an agent of the Company solely by virtue of being a Member, and no Member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a Member.

ARTICLE VII - Registered Agent and Office:

The name and address of the Company's initial registered agent in the State of Florida, whose consent to appointment as registered agent accompanies these Articles, is Samuel D. Navon, Esq., Navon & Lavin, P.A., 2699 Stirling Road, Suite B-100, Fort Lauderdale, FL 33312.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act effective as of the 28th day of June, 2006.



READUS C. SMITH, as manager
executing the Articles of Organization.

**CERTIFICATE OF DESIGNATION AND
ACCEPTANCE OF REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for **COGIC Community Health Fund, LLC**, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED effective as of the 29th day of June, 2006.



SAMUEL D. NAVON, ESQ.