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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

M. Thomas OCT 1 6 2006

ELORIDA/FOREIGN LIMITED LIABILITY CO.

h.m.s. tri-county, lle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

H.M.S. TRI-COUNTY, LLC

ARTICLE I

The name of the Limited Liability Company shall be: H.M.S. TRI-COUNTY, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 905 EAST CYPRESS CREEK ROAD, FORT LAUDERDALE, FL 33334

ARTICLE IV

The name and the Florida street address of the registered agent: EDWIN L. CRAMMER, P.A., 3801 NORTH UNIVERSITY DRIVE, #311, SUNRISE, FL 33351

ARTICLE V

The name of the Managing Member(s) shall be:

MANAGING MEMBER STUART DENYER

905 EAST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33334

CL-15-5008 13:08 EMPIRE



CERTIFICATION OF DESIGNATION REGISTERED AGENT REGISTERED OFFICE/MEMBER REPRESENTATIVE

H.M.S. TRI-COUNTY, LLC

Having been named as Registered agent and to accept service for process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Edwin L. Crammer Registered Agent

Length

Signature of a member or an authorized representative of 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:

___Stuart Denyer _____
Typod or printed name of signee

OCT 13 AH IO

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