Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: AKERMAN, SENTEKFITT & EIDSON, P.A.

Account Number: 075471001363

: (305)374-5600

Phone Fax Number : (305)374-5095

¿FLORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status  Certified Copy  1

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(H06000253252)

## ARTICLES OF ORGANIZATION OF OUTCOME BASED DELIVERY SYSTEMS MANAGEMENT, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: Outcome Based Delivery Systems Management, LLC

## **ARTICLE II: - Address**

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

2825 North State Road 7 Suite 204 Margate, Florida 33063

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent and registered office are:

American Information Services, Inc. One Southeast Third Avenue, 28th PL Miami, Florida 33131

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.

American Information Services, Inc.

Nery C. Toledo, Assistant Secretary

Registered Agent

Marshall R. Burack, Esq.

Authorized Representative of a Member

Signed and dated this /6/4 day of October\_, 2006.

SECRETARY OF STATE