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THE BITTINGER LAW FIRM  
238 PONTE VEDRA PARK DRIVE  
SUITE 102  
PONTE VEDRA BEACH, FL 32082

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

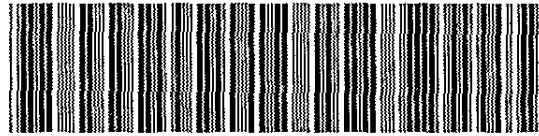
(Business Entity Name)

(Document Number)

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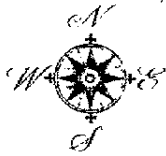


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TALLAHASSEE, FLORIDA

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# The Bittinger Law Firm

A PROFESSIONAL ASSOCIATION

Healthcare - Corporate - Contracts

238 PONTE VEDRA PARK DRIVE • SUITE 102

PONTE VEDRA BEACH, FLORIDA 32082

ANN M. BITTINGER  
[ann@bittingerlaw.com](mailto:ann@bittingerlaw.com)  
☎ (904) 285-8550  
Fax: (904) 285-8589

October 11, 2006

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Xerion Solutions, L.L.C.

To Whom It May Concern:

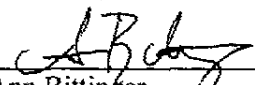
The enclosed Articles of Organization and fee(s) are submitted for filing. We enclose a check in the amount of \$155.00 to include the filing fee and certified copy (additional copy is enclosed) of the Articles of Organization.

Please forward the certified copy and return all correspondence in this matter to the following:

Ann Bittinger  
The Bittinger Law Firm  
238 Ponte Vedra Park Drive  
Ponte Vedra Beach, FL 32082

For further information concerning this matter please call Ann Bittinger at (904) 285-8550.

Sincerely,

  
\_\_\_\_\_  
Ann Bittinger  
Board Certified Health Law Attorney

Enc.

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
06 OCT 13 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is Xerion Solutions, L.L.C.

**ARTICLE II – Address:**

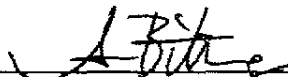
The mailing address and street address of the principal office of the Limited Liability Company is: 1248 Paradise Pond Road, St. Augustine, FL 32092.

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

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

Ann Bittinger, Esq.  
238 Ponte Vedra Park Drive, Suite 102  
Ponte Vedra Beach, FL 32082

*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 provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature


**ARTICLE IV – MANAGERS OR MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

Joseph P. Bour, Managing Member  
1248 Paradise Pond Road  
St. Augustine, FL 32092

Kristine T. Bour, Managing Member  
1248 Paradise Pond Road  
St. Augustine, FL 32092

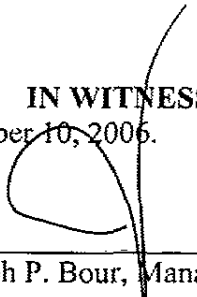
**REQUIRED SIGNATURE:**

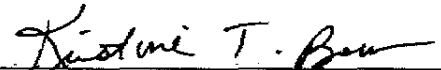
  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(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.)

SIGNATURE PAGE

IN WITNESS WHEREOF, the following person has executed this Agreement as of  
October 10, 2006.

  
\_\_\_\_\_  
Joseph P. Bour, Managing Member

  
\_\_\_\_\_  
Kristine T. Bour, Managing Member

10-10-2006  
\_\_\_\_\_  
Date

10/10/06  
\_\_\_\_\_  
Date