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| (Address)                        |                        |
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|                                  |                        |
| (City/State                      | e/Zip/Phone #)         |
| PICK-UP                          | WAIT MAIL              |
| (Duninga)                        | (Turkin Alama)         |
| (Business                        | Entity Name)           |
| (Documen                         | nt Number)             |
| Certified Copies                 | Certificates of Status |
| Special Instructions to Filing C | Officer:               |
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SECRETARY OF SIMILE

## **COVER LETTER**

| • | TO: Registration Section Division of Corporations   |
|---|---|
|   | SUBJECT: CVH Solutions (Name of Limited Liability Company)  |
|   | The enclosed Articles of Organization and fee(s) are submitted for filing.  |
|   | Please return all correspondence concerning this matter to the following:   |
|   | Robert Cratsley   |
|   | (Name of Person)  |
|   |   |
|   | (Firm/Company)  |
|   | 31716 Loch Aline Drive  |
|   | (Address)   |
|   | Wesley Chapel, FL 33545   |
|   | (City/State and Zip Code)   |
|   | For further information concerning this matter, please call:  |
|   | Robert Cratsley <sub>at (</sub> 813 <sub>)</sub> 846-8763   |
|   | (Name of Person) at (OTO) O40-07-00 (Area Code & Daytime Telephone Number)  |
|   | Enclosed is a check for the following amount:   |
| [ | \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times Certificate of Status & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|   | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301                |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 0.41.0 - 1.45 1.1   |  |   |                 |
|---|--|---|-----------------|
| CVH Solutions LL  |  | WY CON WY   |                 |
| Must end with the words   | "Limited Liability Company,  | "Limited Company" or their abbreviation "LLC," or "L  | .C.,~)          |
| ARTICLE II - Add  | iress:   |   |                 |
|   |  | the principal office of the Limited Liabilit  | y Company is    |
| C   |  | •   |                 |
| Principal Office Ac   | <u>ddress:</u>   | Mailing Address:  |                 |
| 31716 Loch ALine Di   | r.   | 31716 Loch ALine Dr.  |                 |
|   |  |   |                 |
|   |  | Wesley Chapel, FL 33545   |                 |
| ARTICLE III - Re  | gistered Agent, Regis  |   | nature: DIVISIO |
| ARTICLE III - Re<br>The Limited Liability Cor<br>business entity with an ac                               | gistered Agent, Regis<br>mpany cannot serve as its own<br>ctive Florida registration.)   | Wesley Chapel, FL 33545   | r another       |
| ARTICLE III - Re The Limited Liability Cor business entity with an ac                                     | gistered Agent, Regis<br>mpany cannot serve as its own<br>ctive Florida registration.)   | wesley Chapel, FL 33545  stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or   | 29              |
| ARTICLE III - Re The Limited Liability Cor business entity with an ac                                     | gistered Agent, Regis<br>mpany cannot serve as its own<br>ctive Florida registration.)<br>lorida street address of<br>Robert Cratsley                                  | wesley Chapel, FL 33545  stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or   | OF CORP         |
| ARTICLE III - Re The Limited Liability Cor business entity with an ac The name and the F                  | gistered Agent, Regis mpany cannot serve as its own ctive Florida registration.) lorida street address of Robert Cratsley  | wesley Chapel, FL 33545  stered Office, & Registered Agent's Sign n Registered Agent. You must designate an individual or f the registered agent are:  Name   | OF CORT 5:      |
| ARTICLE III - Re The Limited Liability Cor business entity with an ac The name and the F                  | gistered Agent, Regis mpany cannot serve as its own etive Florida registration.) lorida street address of Robert Cratsley  31716 Loch ALine                            | Wesley Chapel, FL 33545  stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or f the registered agent are:  Name  Dr.  | OF CORP         |
| ARTICLE III - Re The Limited Liability Cor business entity with an ac The name and the F                  | gistered Agent, Regis mpany cannot serve as its own etive Florida registration.) lorida street address of Robert Cratsley  31716 Loch ALine Florida str                | Wesley Chapel, FL 33545  stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or f the registered agent are:  Name  Dr.  eet address (P.O. Box NOT acceptable) | OF CORT 5:      |
| The Limited Liability Corbusiness entity with an actification of the Figure 1. The name and the Figure 1. | gistered Agent, Regis mpany cannot serve as its own ctive Florida registration.) lorida street address of Robert Cratsley  31716 Loch ALine Florida str Wesley Chapel, | Wesley Chapel, FL 33545  stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or f the registered agent are:  Name  Dr.  | OF CORT 5:      |

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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager "MGRM" = Managing Me  | Name and Address: ember  |
|---|--|
| MGR   | Robert Cratsley  |
|   | 31716 Loch ALine Drive   |
|   | Wesley Chapel, FL 33545  |
| MGR   | Joe Vacharasin   |
|   | 3715 Duke Firth Street   |
|   | Land O Lakes, FL 34638   |
| MGR   | Shawn Harrison   |
|   | 11500 Summit West Blvd   |
|   | Tampa, FL 33617  |
| (II) 1 (C   |  |
| (Use attachment if necessand CLE V: Effective date, if ot   | •  |
| CLE V: Effective date, if of effective date is listed, the do days after the date of filing   | her than the date of filing: (OPTIONAl late must be specific and cannot be more than five business days ng.)       |
| CLE V: Effective date, if of effective date is listed, the d  | her than the date of filing: (OPTIONAl late must be specific and cannot be more than five business days ng.)       |
| CLE V: Effective date, if of effective date is listed, the do days after the date of filing   | her than the date of filing: (OPTIONAl late must be specific and cannot be more than five business days ng.)       |
| CLE V: Effective date, if of effective date is listed, the do days after the date of filing REQUIRED SIGNATURED   | ther than the date of filing: (OPTIONAL late must be specific and cannot be more than five business days ng.)  RE: |
| CLE V: Effective date, if of effective date is listed, the do days after the date of filing REQUIRED SIGNATURED   | her than the date of filing: (OPTIONAl late must be specific and cannot be more than five business days ng.)       |
| CLE V: Effective date, if of effective date is listed, the do days after the date of filing REQUIRED SIGNATURED SIGNATURED Signature (In according to this do           | ther than the date of filing: (OPTIONAL late must be specific and cannot be more than five business days ng.)  RE: |
| CLE V: Effective date, if of effective date is listed, the do days after the date of filing REQUIRED SIGNATURES Signature (In according to the date of this do that the | her than the date of filing:   |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)