

Division of Corporations

W07 000087095

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CGI HEALTH LLC.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
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Electronic Filing Menu

Corporate Filing Menu

Help

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8/24/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGI HEALTH LLC.

ARTICLE II - Address:

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

Principal Office Address:

1885 W. 56 St. Apt. 205
Hialeah, FL 33012

Mailing Address:

1885 W. 56 St. Apt. 205
Hialeah, FL 33012

ARTICLE III - Registered Agent, Registered office, & Registered Agent's Signature:

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

ICEL LOPEZ

Name

1885 W. 56 ST. Apt. 205

Florida street address (P.O. Box **NOT** acceptable)

Hialeah, Florida 33012

City, State, and Zip Code

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

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(CONTINUED)

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

| <u>Title:</u> | <u>Name and Address:</u> |
|--------------------------|--|
| "MGR" - Manager | |
| "MGRM" - Managing Member | |
| "MGR" | ICEL LOPEZ 1885 W. 56 ST. Apt. 203 Hialeah, FL 33012 |
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(Use attachment is necessary)

Note: An additional article must be added if an effective date is requested.

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.)

ICCEL LOPEZ

Typed or printed name of signer

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