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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

D K POWELL REFERRAL SERVICES, LLC

Certificate of Status	0
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J. BRYAN

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

D K POWELL REFERRAL SERVICES, LLC

ARTICLE II ADDRESS

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

9969 GOZHAWK DR.

JACKSONVILLE FL 32257

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

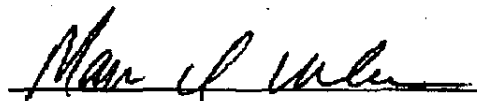
MARION WEHNER

515 COLLEGE DR.

MIDDLEBURG FL 32068-6521

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Having been named as registered agent 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..



MARION WEHNER / REGISTERED AGENT'S SIGNATURE

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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D K POWELL REFERRAL SERVICES, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

DONNA K. POWELL

9969 GOZHAWK DR.

JACKSONVILLE FL 32257

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Donna K Powell

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.

DONNA K. POWELL

Typed or printed name of signee

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