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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	7/8/1/8
	Filing Officer:	
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SECRETARY OF STATE IVISION OF CORPORATIONS

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June 3, 2008

FRANCISCO J. LEON 3225 AVIATION AVE. SUITE 700 MIAMI, FL 33133

SUBJECT: HELENA HAN, MD, LLC Ref. Number: W08000027048

We have received your document for HELENA HAN, MD, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 908A00034490

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2008

VITALMD GROUP HOLDING, LLC P.O. BOX 43-2040 MIAMI, FL 33243-2040

SUBJECT: VITALMD GROUP HOLDING, LLC

Ref. Number: L03000036510

Upon receipt of your letter and/or check(s) totaling \$160.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 108A00034477

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Helena Han, MD, LLC (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:
Francisco J. Leon - Executive Directo
VitaIMD Group Holding LLC (Firm/Company)
3225 Aviation Avenue suite 700
Miami, FL 33133 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Francisco J. Leon at (305) 273.4641 ext 108 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\text{\$\subseteq \text{\$\text{Status} Fee & Certificate of Status}}\$\$ \$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\$ \$160.00 \text{ Filing Fee, 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

*Note: check was mailed separately on 5.22.08.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address: 12600 Pembroke Rd. Suite 308 Miramar, FL 33027	Mailing Address: 3225 Aviation Avenue Suite 700 Miami, FL 33133
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered.	gistered agent are:
Mitch Yele Name 3225 Aviation Florida street address	Ave, Suite 500 Sess (P.O. Box NOT acceptable)

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Francisco J. Leon 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 in affirmation under the penalties of perjury that the facts stated hereinare true.) Typed or printed name of signee

Filing Fees:

Same

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)