

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000089179  
FILED 8:00 AM  
September 19, 2008  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
OPTIMAL HEALTHCARE SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
99 NW 183 STREET  
241C  
MIAMI GARDENS, FL. 33169

The mailing address of the Limited Liability Company is:  
99 NW 183 STREET  
241C  
MIAMI GARDENS, FL. 33169

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
BARBARA LUKE  
2006 N 46 AVE.  
HOLLYWOOD, FL. 33021

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.

Registered Agent Signature: BARBARA LUKE

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
BARBARA LUKE  
2006 N 46 AVE  
HOLLYWOOD, FL. 33021

Title: MGR  
MARTINE MILLER  
17741 NW 14 PL  
MIAMI GARDENS, FL. 33169

### **Article VI**

The effective date for this Limited Liability Company shall be:

09/18/2008

Signature of member or an authorized representative of a member

Signature: BARBARA LUKE

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