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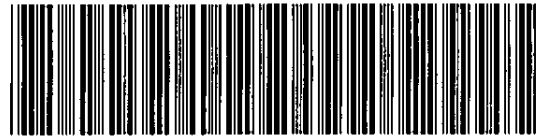
(Business Entity Name)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 OCT -7 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

OCT - 7 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Jem Health LLC

FILED
OCT - 7 PM 1:15
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Seth 10/7 11:00

Name

Date

Time

Walk In

Will Pick Up

ARTICLES OF ORGANIZATION
FOR
JeMi Health LLC

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **JeMi Health LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **609 S.W. 16th Court, Fort Lauderdale Florida, 33315.**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

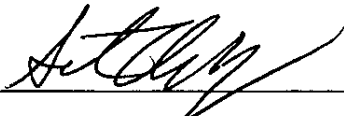
The name and address of the initial registered agent is **Barry S. Mittelberg 1700 N. University DR;
Suite 300, Coral Springs, FL 33071.**

ARTICLE IV: MANAGING MEMBERS & MEMBERS

The name and address of the initial Managing Members and Members of the company are:
Jeffrey Thomas, Managing Member., 609 S.W. 16th Court, Fort Lauderdale Florida, 33315.

The undersigned has executed these Articles of Organization this 6th day of October 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: JEN. Health, LLC

2. The name and address of the registered agent and office is: Barry S. Mitchell
1700 N University Dr #300
Coral Springs, FL 33071

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

