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From:
Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

EXECUTIVE MEDICAL SOLUTIONS, LLC

Certificate of Status	0
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EXAMINER

4-09000050609-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

EXECUTIVE MEDICAL SOLUTIONS, LLC

ARTICLE II ADDRESS

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

495 GRAND BLVD STE 206
MIRAMAR BEACH, FLORIDA 32550

The mailing address of the Limited Liability Company is:

PO BOX 6102
MIRAMAR BEACH, FLORIDA 32550

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FLORIDA 33411

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.

[Signature] TINA MARKIS 3/3/09
A1A REGISTERED AGENT INC. / Registered Agent's signature

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EXECUTIVE MEDICAL SOLUTIONS, LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGING MEMBER


JONI BECKER

PO BOX 6102

MIRAMAR BEACH, FLORIDA 32550

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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.

JONI BECKER

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