

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

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FILED 8:00 AM  
March 12, 2009  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
EMPOWERHEALTH, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
211 JOHN KNOX ROAD  
SUITE 110  
TALLAHASSEE, FL. 32315

The mailing address of the Limited Liability Company is:  
POST OFFICE BOX 3783  
TALLAHASSEE, FL. 32315

**Article III**

The purpose for which this Limited Liability Company is organized is:  
EMPOWERHEALTH, LLC WAS CREATED TO EMPOWER INDIVIDUALS ABOUT  
HEALTHCARE.

**Article IV**

The name and Florida street address of the registered agent is:  
SUMMER S KNIGHT  
211 JOHN KNOX ROAD  
SUITE 110  
TALLAHASSEE, FL. 32315

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: SUMMER S. KNIGHT

**Article V**

The effective date for this Limited Liability Company shall be:  
03/11/2009

Signature of member or an authorized representative of a member  
Signature: SUMMER S. KNIGHT