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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

premier health options, llc

Certificate of Status	0
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**T. HAMPTON**

APR 16 2009

**EXAMINER**

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

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is: **PREMIER HEALTH OPTIONS,  
LLC**

**ARTICLE II**

**ADDRESS**

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

1320 S. Dixie Highway, 6th Floor  
CORAL GABLES, FL 33146

**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE, AND  
REGISTERED AGENT'S SIGNATURES**

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

David L. Sierra  
1320 S. Dixie Highway, Sixth Floor  
Coral Gables, FL 33146

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 Florida Statutes Chapter 608.

  
\_\_\_\_\_  
David L. Sierra  
Registered Agent

Prepared By: Rosario P. Duncan, Esq.  
1320 S. Dixie Highway  
Sixth Floor  
Coral Gables, FL 33146  
Florida Bar No.: 238909

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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.

IN WITNESS WHEREOF, we have executed these Articles of Organization on this 15 day of April, 2009, at Coral Gables, Florida.

  
Name: David L. Sierra, Manager

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

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the limited liability company is: **PREMIER HEALTH OPTIONS, LLC**
2. The name and address of the Registered Agent and Office is: David L. Sierra, 1320 S. Dixie Highway, Sixth Floor, Coral Gables, FL 33146.

Having been named as Registered Agent and to accept service of process for the above-named 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.

  
\_\_\_\_\_  
David L. Sierra  
Registered Agent

DATED: 4-15 2009

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