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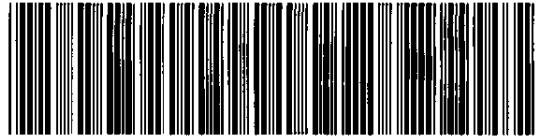
(Business Entity Name)

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TALLAHASSEE, FL 32310
09 MAY 14 PM 3:14
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S. HAWKES

MAY 15 2009

EXAMINER

William R. Barker, P.A.

Attorney at Law

801 North Magnolia Avenue, Suite 416
Orlando, Florida 32803

Phone: 407. 540.4950 Fax: 407. 540.4977

Internet: barkerwl@earthlink.net

May 11, 2009

Department of State
Division of Corporations, Corporate Filings
PO Box 6327
Tallahassee, FL 32314

RE: Anastasia E. Farmakis, D.O., P.L.L.C.

Dear Sir/Madame:

Enclosed are the original and one copy of the Articles of Organization for the above-named proposed Florida Professional Limited Liability Company. Also enclosed is my client's check in the amount of \$155.00 representing payment of the following:

Filing Fee	\$125.00
Certified Copy Fee	\$ 30.00

Please file the enclosed Articles of Organization and return a certified copy to the undersigned.

Thank you for your courtesies in this matter.

Very truly yours,



William R. Barker, Esq.

WRB:bb

cc: Anastasia E. Farmakis, D.O., P.L.L.C.

Encls.

ARTICLES OF ORGANIZATION
OF
ANASTASIA E. FARMAKIS, D.O., P.L.L.C.

FILED
09 MAY 14 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. NAME OF COMPANY

The name of this Professional Limited Liability Company, hereinafter referred to as ANASTASIA E. FARMAKIS, D.O., P.L.L.C., and has its mailing address and principal place of business at 544 Meridale Ave., Orlando, FL 32803.

ARTICLE II. NATURE OF BUSINESS AND POWERS

The nature of the business to be transacted by this Company is to engage in rendering of medical professional services by those duly licensed or otherwise legally authorized to render such professional services and as otherwise may be permitted under the laws of the State of Florida. This Company shall have all of the corporate powers enumerated in the Florida Limited Liability Company Act.

ARTICLE III. TERM OF EXISTENCE

This Company shall have perpetual existence commencing upon the filing of these Articles.

ARTICLE IV. REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Registered Agent and the street address of the initial Registered Office of this Company in the State of Florida shall be:

Anastasia E. Farmakis
544 Meridale Ave., Orlando, FL 32803

ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the member is:

Anastasia E. Farmakis
544 Meridale Ave., Orlando, FL 32803

ARTICLE X. INDEMNIFICATION

The Company shall indemnify and hold harmless any member or manager or other person from and against any and all claims and demands whatsoever.

IN WITNESS WHEREOF, the undersigned, as member or person authorized by a member to execute this document, has executed the foregoing Articles of Organization on the 11th of MAY, 2009.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes a affirmation under the penalties of perjury that the facts stated are true.)

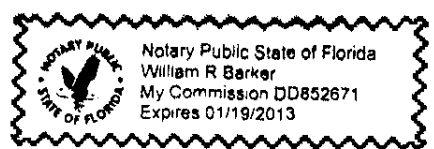
Anastasia E. Farmakis
Anastasia E. Farmakis
FILED
MAY 14 PM 3:11
COUNTY OF ORANGE
FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, a Notary Public, personally appeared Anastasia E. Farmakis to me known to be the person described as a member of or person authorized by a member to execute this document, and who executed the foregoing Articles of Organization, and acknowledged before me that she subscribed to these Articles of Organization. She produced Florida Drivers License as identification and an oath was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this 11th day of MAY, 2009.

[Signature]
Notary Public



DESIGNATION AND ACCEPTANCE BY REGISTERED AGENT

In compliance with Section 608.415, Florida Statutes, the following is submitted:

That ANASTASIA E. FARMAKIS, D.O., P.L.L.C., desiring to organize under the laws of the State of Florida, with its principal office at 544 Meridale, Ave., Orlando, FL 32803 has named Anastasia E. Farmakis, located at 544 Meridale, Ave., Orlando, FL 32803, County of Orange, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

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 Chapter 608, F.S.

Anastasia E. Farmakis
Anastasia E. Farmakis
Registered Agent

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 11th day of MAY, 2009, by Anastasia E. Farmakis, who is personally known to me or has produced Florida DRIVER'S License as identification and who did not take an oath.

FILED
09 MAY 14 PM 4:00
TALLAHASSEE
SECRETARY OF STATE

Notary Public
Notary Public State of Florida
William R Barker
My Commission DD852671
Expires 01/19/2013