Division of Corporations Page 1 of 1

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

From:
        Account Name    : LAW OFFICES OF CARLA DELOACH BRYANT
        Account Number : I20030000125
        Phone          : (407)740-5005
        Fax Number     : (407)740-5025
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FLORIDA LIMITED LIABILITY CO.
VaxCare North Carolina, LLC

Certificate of Status	1
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C. LEWIS

MAY 1 1 2010

EXAMINER

Articles of Organization for Florida Limited Liability Company VaxCare North Carolina, LLC

ARTICLE I.
NAME

The name of the limited liability company is VaxCare North Carolina, LLC (referred to as the "Company").

ARTICLE II.
ADDRESS

The Company's principal office is 4401 South Orange Avenue, Suite 117, Orlando, Florida 32806. The Company's mailing address is 4401 South Orange Avenue, Suite 117, Orlando, Florida 32806.

ARTICLE III.
REGISTERED AGENT AND REGISTERED OFFICE

The name of the Registered Agent is Carla DeLoach Bryant. The Registered Office is located at 1206 East Ridgewood Street, Orlando, Florida 32803.

ARTICLE IV.
MANAGEMENT

VaxCare North Carolina, LLC is to be managed by one or more Managers, and is, therefore, a Manager-Managed limited liability company. Unless and until replaced pursuant to the Operating Agreement for VaxCare North Carolina, LLC, Casey B. DeLoach and John Crabtree shall serve as the Managers.

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On this 27th day of ___April___, 2010, Carla DeLoach Bryant, as the authorized representative of VaxCare North Carolina, LLC, has executed these Articles of Organization on its behalf at the Law Offices of Carla DeLoach Bryant, P.A., 1206 East Ridgewood Street, Orlando, Florida 32803.

Carla DeLoach Bryant, Authorized Representative
for VaxCare North Carolina, LLC

ACCEPTANCE OF REGISTERED AGENT

On this 21th day of __April__, 2010, I have been named as Registered Agent and designated to accept service of process for VaxCare North Carolina, LLC. By signing below 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.

Carla DeLoach Bryant, Registered Agent

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