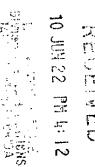
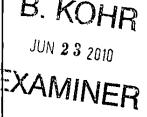
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Office Use Only



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ACCOUNT NO. : 12000000195

REFERENCE: 424360 4319660

AUTHORIZATION : 🔿

COST LIMIT : \$425.00

ORDER DATE : June 22, 2010

ORDER TIME : 3:02 PM

ORDER NO. : 424360-005

CUSTOMER NO: 4319660

DOMESTIC FILING

NAME: HELIX HEALTH SOLUTIONS, LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE F	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Doreen Wallace - EXT 2928

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY	COMPANY
	ø,
A STATE OF THE STA	#.

ARTICLE I - Name:

The name of the Limited Liability Company is:

Helix Health Solu	itions, LLC
(Musi	end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
317 Wekiva Springs Rd.	317 Wekiva Springs Rd.	
Suite 200	Suite 200	
Longwood, FL 32779	Longwood, FL 32779	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gary J. Beeman	
	Name
317 Wekiva Sprin	gs Rd., Suite 200
Florida s	reet address (P.O. Box <u>NOT</u> acceptable)
Longwood	FL 32779
City	, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	GeneLink, Inc.
	317 Wekiva Springs Rd., Suite 200 Longwood, FL 32779
Use attachment if necessary)	
	the date of filing: (OPTION to be specific and cannot be more than five business date

Signature of a prember 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.)

Gary J. Beeman, President

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)