

AUG. 23. 2010 10:27AM

CORPORATION SERVICE COMPANY

NO. 3297 P. 1

**L1000088704**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H10000188277 3)))



H100001882773ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

FILED  
10 AUG 23 AM 9:45  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

RECEIVED  
10 AUG 23 AM 10:43  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
EHP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**S. HAWKES**

AUG 24 2010

Electronic Filing Menu

Corporate Filing Menu

Help

**EXAMINER**

**ARTICLES OF ORGANIZATION  
OF  
EHP, LLC**

Article I - Name: The name of the Limited Liability Company is EHP, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company are 2799 NW Boca Raton Blvd., Suite 108, Boca Raton, Florida 33431.

Article III - Registered Agent, Registered Office, & Registered Agents:  
Signature: The name and the Florida street address of the registered agent are:


Jonathan L. Shepard  
5355 Town Center Road #801  
Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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.

  
Jonathan L. Shepard

Article IV - Manager or Managing Member: The name and address of each manager or managing member is as follows:

MGRM      Carlos Levine  
2799 NW Boca Raton Blvd., Suite 108  
Boca Raton, FL 33431

  
Jonathan L. Shepard,  
Authorized Representative  
(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.)

FILED  
10 AUG 23 AM 9:45  
CLERK OF STATE  
TALLAHASSEE FLORIDA