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Florida Department of State
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To:

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

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954) 467-2200
Fax Number : (954) 467-2210

L. SELLERS

OCT -4 2010

EXAMINER

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

Email Address: joephb@keiseruniversity.edu

**FLORIDA LIMITED LIABILITY CO.
KEISER HEMERA, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
KEISER HEMERA, LLC**

The undersigned, as the authorized representative of the initial member of KEISER HEMERA, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the members of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I
COMPANY NAME**

The name of the company is KEISER HEMERA, LLC.

**ARTICLE II
COMMENCEMENT AND TERM OF EXISTENCE**

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved.

**ARTICLE III
MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

The mailing address, the street address and e-mail address of the principal office of the Company is:

1900 W. Commercial Boulevard
Suite 180
Fort Lauderdale, Florida 33309
josephb@keiseruniversity.edu

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ARTICLE IV
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle & Hardin, P.A.
500 East Broward Boulevard
Suite 1950
Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial members of the limited liability company hereby executes these Articles of Organization, this 1 day of October, 2010.

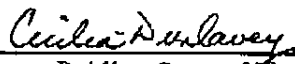


CONRAD J. BOYLE

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 1 day of October, 2010, by CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida driver's license as identification.



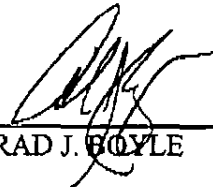


Notary Public - State of Florida
My Commission Expires:
Commission Number:

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

DATED this 1 day of October, 2010.



CONRAD J. BOYLE