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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

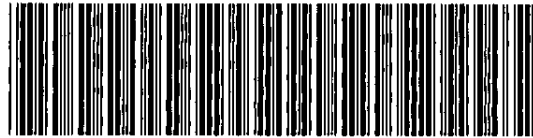
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 MAY -9 PM 2:42

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 MAY -9 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations Division of Corporations  
P.O. Box 6327 Clifton Building  
Tallahassee, FL 32314

Attention: Registration Section

Instant Access, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Leah K. Cook  
Instant Access, LLC  
119 South Monroe Street Suite 202  
Tallahassee, FL 32302

E-mail address: instantmedicalaccess@gmail.com

For further information concerning this matter, please call: Leah K. Cook  
at ( 850) 661-1258

Enclosed is a check for the following amount:

\$125.00 Filing Fee

**FILED**  
11 MAY - 9 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I Name

The name of the Limited Liability Company is: Instant Access, LLC

## ARTICLE II Address

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

Principal Office Address: 119 South Monroe Street, Suite 202, Tallahassee, FL 32302

Mailing Address: P.O. Box 11034, Tallahassee, FL 32302

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name: Leah K. Cook

Florida street address: 119 South Monroe Street, Suite 202 Tallahassee, FL 32302

*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.*



Leah K. Cook

(CONTINUED)

Page 1 of 2

FILED  
11 MAY - 9 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

James E. Eaton  
119 South Monroe Street  
Suite 202  
Tallahassee, FL 32302

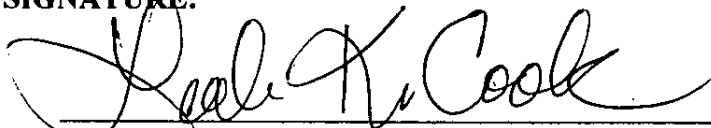
MGR

David Stern  
3519 Exeter Ct.  
Orlando, FL 32812

**ARTICLE V: Effective date, if other than the date of filing: May 10, 2011**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Leah K. Cook

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)**