

Division of Corporations

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Florida Department of State  
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Division of Corporations  
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L. SELLERS

AUG 24 2011

From:

Account Name : FASTKIT CORP  
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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: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
PULMONARY HEALTH NETWORK II, L.L.C.

Certificate of Status	0
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Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PULMONARY HEALTH NETWORK II, L.L.C.**

**ARTICLE II - Address:**

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

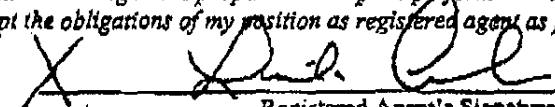
**6175 N.W. 153 ST., STE. 301  
MIAMI LAKES, FL 33014**

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

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

**LINDA CARABIA  
6175 N.W. 153 ST., STE. 301  
MIAMI LAKES, FL 33014**

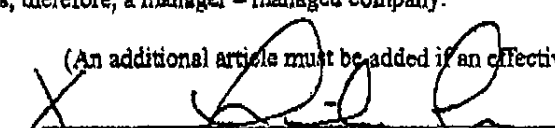
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**ARTICLE IV - Management (Check box if applicable.)**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
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.)

**LINDA CARABIA**  
\_\_\_\_\_  
Typed or printed name of signer

**FILED**  
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TALLAHASSEE, FLORIDA

**ARTICLE V - Member(s) & Managing Member(s)**

The name(s) and address(es) of the initial member(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
LINDA CARABIA	6175 N.W. 153 ST., #301 MIAMI LAKES, FL 33014	MGR MBR

IN WITNESS WHEREOF, the undersigned member(s) has/have made and  
subscribed these Articles of Organization at **LESTER BARRERAS, C.P.A., P.A.** 1987  
N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this

23 day of August, 20 11.

  
\_\_\_\_\_  
LINDA CARABIA, MANAGER MEMBER