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AND SAFE FLORID.

C. LEWIS

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EXAMINER

COVER LETTER .

TO:

Registration Section

tr ⁷	Division of Corporations								
SUBJECT: La Florida Referral Services, LLC									
Name of Limited Liability Company									
	The enclosed Articles of Organization and fee(s) are submitted for filing.								
	Please return all correspondence concerning this matter to the following:								
	G. Gay Landreth								
La Florida Referral Services, LLC									
Firm/Company									
	32 E HWY C30A, Suite J								
	Address								
	Santa Rosa Beach, FL 32459								
	City/State and Zip Code								
	glandreth@laflorida.com E-maif address: (to be used for future annual report notification)								
	For further information concerning this matter, please call:								
	G. Gay Landreth at (850) 231-7896								
	Name of Person Area Code & Daytime Telephone Number								
	Enclosed is a check for the following amount:								
√	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) (additional copy is enclosed)								
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301								

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Αl	RT	IC.	LE	I -	Nai	me:
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The name of the Limited Liability Company is:

La Florida Referral Services, LLC

(Must 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:

32 E HWY C30A, Suite J

Santa Rosa Beach, FL 32459

32 E HWY C30A, Suite J Santa Rosa Beach, FL 32459

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:

George R. Mead II

Name

220 W. Garden Street, Ninth Floor

Florida street address (P.O. Box NOT acceptable)

Pensacola,

. 32501

City. State, and Zin.

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AND AHASSEE, FLORIDA

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

FILED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM G. Gay Landreth, PA 32 E HWY C30A, Suite J Santa Rosa Beach, FL 32459 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (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.)

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)