Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES OF STEPHEN J. GRAVE DE PERALTA, P.L.

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FLORIDA LIMITED LIABILITY CO.

Healthcare Source LLC

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION

OF

HEALTHCARE SOURCE LLC

The undersigned does bereby subscribe to, acknowledge and file the following: Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE 1

The name of this limited liability company shall be: Healthcare Source LLC.

ARTICLE II

The street address of the principal office of the limited liability company shall be 12230 Forest Hill Blvd., Suite 193, Wellington, Florida 33414, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 12230 Forest Hill Blvd., Suite 193, Wellington, Florida 33414. The initial registered agent at that address is John R. Goodfellow.

ARTICLE IV

The limited liability company shall begin its existence as of the 26th day of July, 2012.

ARTICLE V

The limited liability company will be a manager-managed limited liability company. John R. Goodfellow, having an address of 12230 Forest Hill Blvd., Suite 193, Wellington, Florida 33414, will be its initial manager.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 25th day of July, 2012.

John R. Goodfellow, Authorized Representative

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST - The name of the limited liability company is Healthcare Source LI

SECOND - The name and address of the registered agent and office is:

John R. Goodfellow 12230 Forest Hill Blvd., Suite 193 Wellington, Florida 33414

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

Dated this 26th day of July, 2012.

John K. Goodfellow, Registered Agent

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