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Florida Department of State
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA LIMITED LIABILITY CO.
HEALTHCARE INTEROPERABILITY TECHNOLOGY L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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J. SAULSBERRY
EXAMINER

AUG 13 2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Healthcare Interoperability Technology L.L.C.

(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:

10850 NW 21st Street Unit 210
33172 Miami Florida

10850 NW 21st Street Unit 210
33172 Miami Florida

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:

Juan Jose Rodriguez
Name

10850 NW 21st Street Unit 210
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33172
City, State, and Zip

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.

Juan Jose Rodriguez
Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Alberto SOLE

50 Ocean Lane Dr Suite 206

33149 Key Biscayne

MGRM

Juan José Rodriguez

7651 NW 114th Path

Doral, Fl 33178

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(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:

Juan José Rodriguez *Alberto Solé*

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.)

Juan José Rodriguez & Alberto Solé

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)

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