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DEPARTMENT OF STATE

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SECRETARY OF STATE

TALLAHASSEE, FLORM

J. BRYAN

AUG 28 2012

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Three Cert Copies and Three Good Standings Art of Inc. File	GLOBAL HEALTH	ICARE SOLUT	TIONS			五
Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement ✓ Cert. Copy X3 Photo Copy ✓ Certificate of Good Standing X3 Certificate of Status Certificate of Fictitious Name Corp Record Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record Requested by: SETH Name Date Time UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Retrieval	CENTER, LLC					美艺
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Annual Report / Reinstatement ✓ Cert. Copy X3 — Photo Copy ✓ Certificate of Good Standing X3 — Certificate of Fictitious Name — Corp Record Search — Officer Search — Fictitious Search — Fictitious Owner Search — Vehicle Search — Driving Record — UCC 1 or 3 File — UCC 11 Search — UCC 11 Search — UCC 11 Retrieval					RA Resignation	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:
GLOBAL HEALTHCARE SOLUTIONS CENTER, LLC

ARTICLE II

FILED W.

The street address of the principal office of the Limited Liability Company is: 901 SW 99TH AVENUE PEMBROKE PINES, FL 33025

The mailing address of the Limited Liability Company is: 901 SW 99TH AVENUE PEMBROKE PINES, FL 33025

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

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

THELMA R. CALLAM 521 LONG ISLAND AVENUE FORT LAUDERDALE, FL 33312

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 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 V

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

Title "MGR" = Manager "MGRM" = Managing Member	Name and Address
MGRM '	Jacqueline Amiel 901 SW 99 th Avenue Pembroke Pines, FL 33025 Karen Amiel Drumblair Estates
MGRM	Karen Amiel Drumblair Estates 1C Old Church Road, Townhouse #5 Kingston 6, JAMAICA, W.I.
MGRM	Wayne Kerr 1039 Kingsland Close Kingsland Close Christchurch, BARBADOS, W.I.
MGR	Kevin Amiel 901 SW 99 th Avenue Pembroke Pines, FL 33025
MGR	Thelma R Callam 521 Long Island Avenue Fort Lauderdale, Fl 33312
MGR	Roan Cork Shelly Road Bamboo St. Ann

Signature of a member or an authorized representative of a member JACQUELINE AMIEL, MANAGING 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 here 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 Section 817.155, F.S.