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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
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FLORIDA LIMITED LIABILITY CO.

Jay's Phone Clinic, LLC

Certificate of Status	0
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J. SAULSBERRY
EXAMINER

SEP 20 2012

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

JAY'S PHONE CLINIC, LLC

ARTICLE II ADDRESS

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

404 KING LOUIS COURT
SEFFNER, FLORIDA 33584

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

JAVENSON DOR
404 KING LOUIS COURT
SEFFNER, FLORIDA 33584

Having been named as registered agent 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.

X JAVENSON DOR
JAVENSON DOR / Registered Agent's signature

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