

JUL/25/2013/THU 11:26 AM

FAX No.

P. 001/003

7/25/13

Division of Corporations

L13000105578

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
HEALTH RISK MANAGEMENT CONSULTANT, LLC**

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

1 JUL 26 2013

D. BRUCE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HEALTH RISK MANAGEMENT CONSULTANT, 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:255 ALHAMBRA CIRCLESTE: 414CORAL GABLES, FL 33134**Mailing Address:**255 ALHAMBRA CIRCLESTE: 414CORAL GABLES, FL 33134**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:

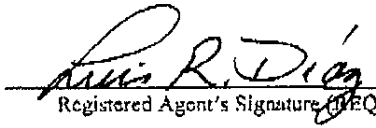
LUIS R DIAZ

Name

255 ALHAMBRA CIRCLE STE: 414Florida street address (P.O. Box **NOT** acceptable)CORAL GABLES FL 33134

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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:MGRMALDI CONSULTING FIRM, LLC (20%)255 ALHAMBRA CIRCLE STE: 414CORAL GABLES, FL 33134MGRMLJK MANAGEMENT CONSULTANTS, LLC (20%)255 ALHAMBRA CIRCLE STE: 414CORAL GABLES, FL 33134MGRMUNIVERSAL INVESTMENTS & FINANCIAL SERVICES, LLC (20%)255 ALHAMBRA CIRCLE STE: 414CORAL GABLES, FL 33134

(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.)

LUIS R. DIAZ

Typed or printed name of signer

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DEPT OF STATE
FLORIDA

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