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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

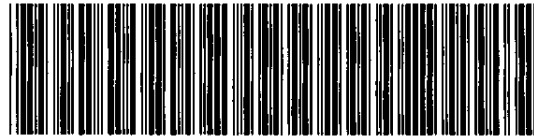
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DIVISION OF CORPORATIONS

13 OCT 1 PM 4:14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT - 2 2013

T. BROWN

CAPITAL CONNECTION, INC.

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

TC HEALTHCARE CONSULTING, LLC

Signature _____

Requested by: Seth

10/01/13 PM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Fictitious Name File _____
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____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION

OF

TC HEALTHCARE CONSULTING, LLC

A FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT -1 AM 9:33

ARTICLE I - NAME

The name of the Limited Liability Company is: TC Healthcare Consulting, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 300 Beach Drive N.E., Suite 1401, St. Petersburg, Florida 33701.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

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

Your Capital Connection, Inc.
417 E. Virginia Street, Suite 1
Tallahassee, Florida 32301

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 its duties, and it is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.

By:

*Barbara Neely for
Your Capital Connection, Inc.*

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

MGR

Anthony Caprio
300 Beach Drive N.E.
Suite 1401
St. Petersburg, Florida 33701

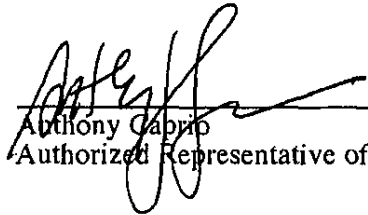
ARTICLE V - LIABILITY OF MEMBERS

No Member of the Limited Liability Company is to be liable in his, her or its capacity as Member for any debts, obligations or liabilities of the Limited Liability Company.

ARTICLE VI - INDEMNIFICATION

The Limited Liability Company shall have the power to indemnify, to the fullest extent permitted by Florida Law, as amended from time to time, all persons whom it is permitted to indemnify pursuant thereto.

IN WITNESS WHEREOF, these Articles of Organization have been subscribed this 1st day of October, 2013 by the undersigned and in accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury and the facts stated herein are true.



Anthony Caprio
Authorized Representative of a Member