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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

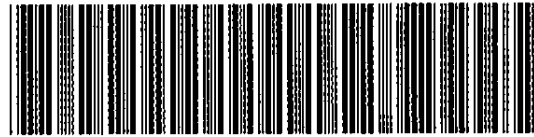
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

L. Bush NOV 27 2013

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(850) 243-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: telaGEN LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renee Traynor

Name of Person

Pennington, P.A.

Firm/Company

215 South Monroe Street, 2nd Floor

Address

Tallahassee FL 32301

City/State and Zip Code

whugh@penningtonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Traynor

Name of Person

at (**850**) **222-3533**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

OF

telaGen LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is telaGen, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 1405 Centerville Road, Suite 4200, Tallahassee, FL 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Shawn Ramsey, and the initial registered office is located at 1405 Centerville Road, Suite 4200, Tallahassee, FL 32308.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows:

David Hill –	\$100.00
Shawn Ramsey, D.O. -	\$100.00
Bob Lolley	\$100.00

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the

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CORPORATE SECRETARY
TALLAHASSEE, FLORIDA

Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be manager-managed. The initial manager shall be: Shawn Ramsey.

10. INDEMNIFICATION.

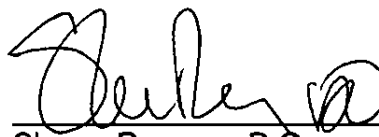
Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Executed at Tallahassee, Florida, on this 25th day of November, 2013.


Shawn Ramsey, D.O.
Managing Member

STATE OF FLORIDA

COUNTY OF Leon

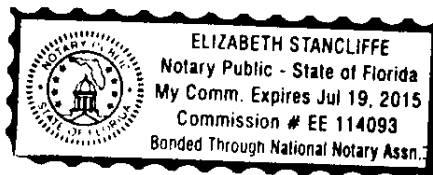
The foregoing instrument was acknowledged before me this 25 day of November, 2013, by Shawn Ramsey, Managing Member of telaGen, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced known to me as identification.

Elizabeth Stancliffe
NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Elizabeth Stancliffe
Print, Type or Stamp Name of Notary

Public



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TALLAHASSEE, FLORIDA

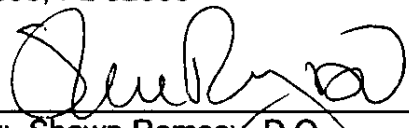
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: telaGen, LLC.
2. The name and address of the registered agent and office is:

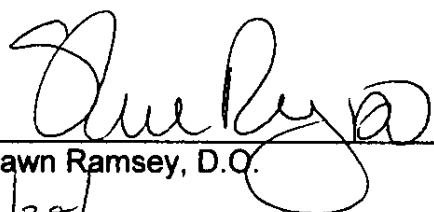
Shawn Ramsey, D.O.
1405 Centerville Road
Suite 4200
Tallahassee, FL 32308

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



By: Shawn Ramsey, D.O.
Managing Member
telaGen, LLC

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, SHAWN RAMSEY, 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.

SIGNATURE 
Shawn Ramsey, D.O.

DATE 11/25/13

REGISTERED AGENT FILING FEE: \$25.00