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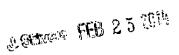
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COVER LETTER

TO: Registration Division of C			
SUBJECT: TeleCor	nect Health, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Organization and fee(s) an	re submitted for filing.	
Please return all corres	pondence concerning this m	atter to the following:	
Lou Hugh	es		
		Name of Person	
TeleConn	ect Health, LLC		
		Firm/Company	
12 Hamm	ock Beach Parkway		
		Address	
Palm Coa	st, Florida 32137		
		City/State and Zip Code	
lou.hughes@me	E-mail address: (to be use	d for future annual report notifica	tion)
For further information	concerning this matter, plea	ase call:	
Lou Hughes	at (<u>. </u>	386) 864-8403	
Nam	e of Person	Area Code Daytime Tel	ephone 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)
Regi ta a Divis P.O.	ing Address stration Section sion of Corporations Box 6327 chassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 12 Hammock Beach Parkway Palm Coast, Florida 32137 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 another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lou Hughes Name 12 Hammock Beach Parkway Florida street address (P.O. Box NOT acceptable) Palm Coast FL 32137 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability conthe place designated in this certificate. I hereby accept the appointment as registered agent and agree to act capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided thapter 605, F.S. Agents of the Digital Liability Company is: Mailing Address: 12 Hammock Beach Parkway Palm Coast, Florida 32137 Palm Coast, Florida 32137 The name and the Florida street address of the registered agent are: Lou Hughes Name 12 Hammock Beach Parkway Florida 32137 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability continued in this certificate. I hereby accept the appointment as registered agent and agree to act capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performent as registered agent as provided thapper 605, F.S.	(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: 12 Hammock Beach Parkway Palm Coast, Florida 32137 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 individuanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lou Hughes Name 12 Hammock Beach Parkway Florida street address (P.O. Box NOT acceptable) Palm Coast FL 32137 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the objections of my position as registered agent as provisions of my position as registered agent as provisions of my position as registered agent as provisions of my duties, and I am familiar with and accept the objections of my position as registered agent as provisions of my duties, and I am familiar with and accept the objections of my position as registered agent as provisions of my position as registe	TeleConnect He	alth J.I.C		
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