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(City/State/Zip/Phone #)

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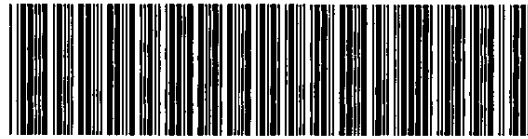
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Erwine Health Care Consulting, 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:

Allan M. Kluger, Esq

Name of Person

Hourigan, Kluger & Quinn P.C.

Firm/Company

600 Third Avenue

Address

Kingston, PA 18704

City/State and Zip Code

akluger@hkqlaw.com

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

For further information concerning this matter, please call:

Allan M. Kluger, Esq

570

287-3000

at ()

Name of Person

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

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

Street Address

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

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A PROFESSIONAL CORPORATION

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August 25, 2015

Florida Department of State
New Filing Section
Division of Corporations, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

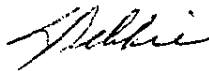
Re: Erwine Health Care Consulting, LLC
Our File No.: 97956-004

Dear Sir/Madam:

I am enclosing herewith an original and one copy of the Cover Letter and the Articles of Organization for Erwine Health Care Consulting, LLC, along with a check made payable to Florida Department of State in the amount of \$125.00. Upon receipt, please file the original and return to me in the self-addressed stamped envelope provided a time-stamped copy.

Should you have any questions, please do not hesitate to contact me at the above number.

Sincerely,



DEBORAH A. HOUSENICK
Paralegal

DAH/
Encl.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Erwine Health Care Consulting, 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:

Mailing Address:

445 16th Avenue South

Naples, FL 34102

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:

Mary J. Erwine

Name

445 16th Avenue South

Florida street address (P.O. Box **NOT** acceptable)

Naples

Florida

34102

City

State

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 605, F.S..

Mary J. Erwine

By: Mary J. Erwine

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Mary J. Erwine

445 16th Avenue South

Naples, FL 34102

(Use attachment if necessary)

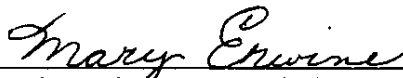
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

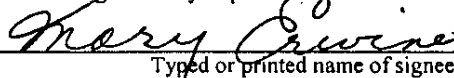
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Mary J. Erwine

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)