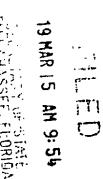
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COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	r: GLOBAL HEALT	14 AMBASSADOR LLC ited Liability Company
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.
Please rett	urn all correspondence concerning this ma	tter to the following:
	DR. GODFRE	Name of Person
	[NEARATIONAL CONTER!	Firm/Company
	5401 S. KIRKMA	Address
	Neuropsy doctor @ Email address: (to be used	ity/State and Zip Code
For further	information concerning this matter, please	
Î	OR. GODMY SCANS at (rea Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability C	AMBASSAOOR LLC ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address: SYULS. KIRK MAN RO. SULE 31 ORLANDO P. 37819	Mailing Address: 2 5421 S.KIRKMAHRD. SUTE 310 5RUALD FT 32819
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
Name	MEY SEARS THAT TO SERVICE STOPE STOPE TO SERVICE STOPE ST
Florida street address (P.O. Bo	x NOT acceptable)

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
DIRECTOR	DR. GODFILEY SEARS
	SYDIS. ICICE MAN RD. SUITE 310
	- OKUMY) O FC 3281/
	F. 9.
	
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the dot effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date inserted in this block does not be at the date.	ate of filing:
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)