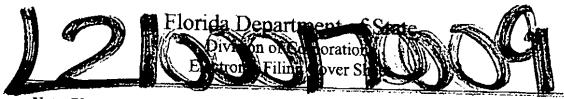
PAGE 01/03



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Emai | 1 4 | Address: | <br> |      | _ |      |
|------|-----|----------|------|------|---|------|
|      |     |          |      | <br> |   | <br> |

## FLORIDA LIMITED LIABILITY CO. I CARE AMBULANCE LLC

| Certificate of Status | 1        |  |  |
|-----------------------|----------|--|--|
| Certified Copy        | 0        |  |  |
| Page Count            | 03       |  |  |
| Estimated Charge      | \$130.00 |  |  |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LLC.")

I Care Ambulance LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

95 E. Hartford St.,

Suite 3A

Hernando, Fl 34442

## ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity mith an active Florida registration.)

Mariana C. Renfroe-Ramos

2355 Salzedo St., Suite 211

Coral Gables, Florida 33134

#### ARTICLE IV-

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

Mariana C. Renfroe-Ramos, MGR

Keith R. Gould, MGR

Roderick Bennett, MGR

Onier Villareal, MGR

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Mariana C. Renfroe-Ramos

Typed or printed name of signee

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)