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TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: HEALTHCARE FINANCIAL CONSULTANTS L.C.
(Proposed limited liability company name - must include suffix)

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-08/11/97--01159--002
****346.25 ****346.25

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: RICHARD HENRY CRAWFORD
Name (Printed or typed)

7300 LINDHURST ST.
Address

SPRING HILL FL 34606
City, State & Zip

(352) 686-4191
Daytime Telephone number

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97 AUG 11 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mc 8/13/97

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHCARE FINANCIAL CONSULTANTS L.C.

ARTICLE II - Address:

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

7300 LINDHURST STREET
SPRING HILL FL 34606

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

RICHARD HENRY CRAWFORD
7300 LINDHURST STREET
SPRING HILL FL 34606

MARGARET MANASA-GILL
1016 GREENLEAF WAY
TARPON SPRINGS FL 34689

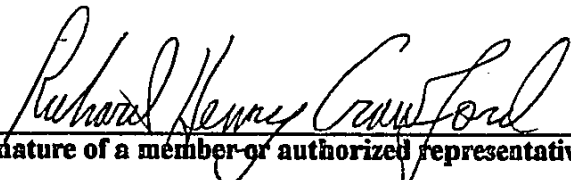
- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
HEALTHCARE FINANCIAL CONSULTANTS L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ -0-
- 5) the total amounts of 2, 3 and 4 is \$ 1,000.00



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

HEALTHCARE FINANCIAL CONSULTANTS L.C.

2. The name and address of the registered agent and office is:

RICHARD HENRY CRAWFORD

(NAME)

7300 LINDHURST STREET

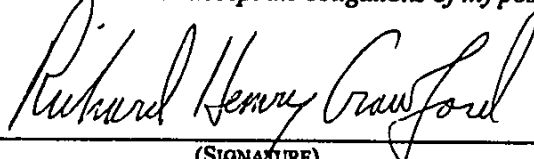
(P. O. Box NOT ACCEPTABLE)

SPRING HILL FL 34606

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.


(SIGNATURE)


(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent