L97000001258

CORPORATE ACCESS, INC.

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

WALK IN

PICK UP 11/12/97 1:00

___ CERTIFIED COPY ___ CUS ___

✓ PHOTO COPY ___ ✓ FILING LC

1.) BRAUSE HEALTH L.C.
(CORPORATE NAME & DOCUMENT #)

600002354666--0
-11/21/97--01110--004
****250.00 ****250.00
600002354666--0
-11/21/97--01110--005
*****35.00 *****35.00

FILED
97 NOV 12 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2.) (CORPORATE NAME & DOCUMENT #)

3.) (CORPORATE NAME & DOCUMENT #)

4.) (CORPORATE NAME & DOCUMENT #)

5.) (CORPORATE NAME & DOCUMENT #)

FILED
97 NOV 12 PM 2:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6.) (CORPORATE NAME & DOCUMENT #)

7.) (CORPORATE NAME & DOCUMENT #)

8.) (CORPORATE NAME & DOCUMENT #)

9.) (CORPORATE NAME & DOCUMENT #)

10.) (CORPORATE NAME & DOCUMENT #)

C. TAX
FILING 250.00
R. AGENT FEE
C. COPY 35.00
TOTAL 285.00
N. BANK
BALANCE DUE
REFUND

RECEIVED
97 NOV 12 AM 11:58

11/12/97

SPECIAL INSTRUCTIONS ___

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
97 NOV 12 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

BRAUSE HEALTH L.C

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

7870 BYRON DRIVE, RIVIERA BEACH CITY
FLORIDA 33404

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:

CHRISTER ROSEN
205 COMMODORE DRIVE
JUPITER FL 33477

☐ 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:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
BRAUSE HEALTH 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 $ 100,000.00 .

3) if any, the agreed value of property other than cash contributed by member(s) is $ NONE . A description of the property is attached and made a part hereto.

4) the total amount of cash or property anticipated to be contributed by member(s) is $ 100,000.00. This total includes amounts from 2 and 3 above.

FILED
97 NOV 12 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.)

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.

FILED
97 NOV 12 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of the limited liability company is:

BRAUSE HEALTH L.C.

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

CHRISTER ROSEN
(Name)

205 COMMODORE DRIVE
(P.O. Box not acceptable)

JUPITER, FL 33477
(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.

(Signature)

11/11/97
(Date)