

L98000002253



ACCOUNT NO. : 072100000032

REFERENCE : 938734 7120128

AUTHORIZATION : *Patricia Pigot*

COST LIMIT : \$ 285.00

ORDER DATE : August 24, 1998

ORDER TIME : 1:06 PM

ORDER NO. : 938734-005

CUSTOMER NO: 7120128

900002664029--3

CUSTOMER:

MR. PERNELL J. WILLIAMS
MR. PERNELL J. WILLIAMS
11604 Silvergate Lane

Capitol Heights, MD 20743

DOMESTIC FILING

NAME: DISTRICT HEALTHCARE OF
FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS:

Name	<i>MSH</i>
Availability	<i>MSH</i>
Document Examiner	<i>MSH</i>
Updater	<i>MSH</i>
Updater Verifier	<i>MSH</i>
Acknowledgement	<i>MSH</i>
P. Verifier	<i>MSH</i>

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98 OCT 14 PM 3:30

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is:

DISTRICT HEALTHCARE OF FLORIDA, LLC

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 11604 Silvergate Lane, Captiol Heights, Maryland 20743.

ARTICLE III. DURATION

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

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida, 32301 and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by the managing members and the names and addresses of the managing members are:

Pernell J. Williams

11604 Silvergate Lane
Capitol Heights, Maryland 20743

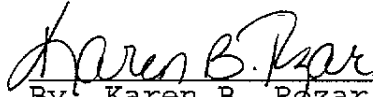
Kenneth Hopkins

P.O. Box 591282
Miami, Florida 33139

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The undersigned authorized representative of a member of
DISTRICT HEALTHCARE OF FLORIDA, LLC hereby executes these
articles of organization on this 14th day of October 1998.

CORPORATION SERVICE COMPANY



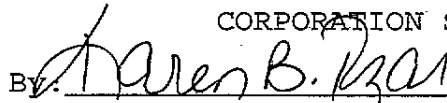
By: Karen B. Rozar, as its agent
as authorized representative of
DISTRICT HEALTHCARE OF FLORIDA, LLC

ACCEPTANCE OF REGISTERED AGENT DESIGNATED

IN ARTICLES OF ORGANIZATION

Corporation Service Company, a Delaware corporation
authorized to transact business in this State, having a
business office identical with the registered office of the
Limited Liability Company named above, and having been
designated as the registered agent in the above and
foregoing articles, is familiar with and accepts the obligations
of the position of registered agent under Section 608.415 or
608.507 Florida Statutes.

CORPORATION SERVICE COMPANY

By: 

Its Agent, Karen B. Rozar

Dated: October 14, 1998

CKS

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WMS SVCS

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of

(the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this
day of 19

Lakesha Human
WITNESS

Lakesha Human
TYPED OR PRINTED NAME

D. Welborn
WITNESS

Devi Welborn
TYPED OR PRINTED NAME

[Signature]
SIGNATURE

Perry S. Williams
TYPED OR PRINTED NAME

CKS

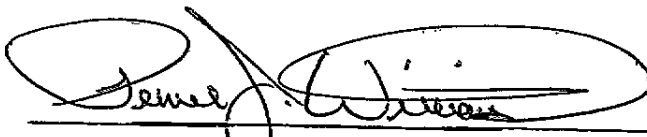
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of District Healthcare of Florida 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 \$ 5,000.00
- 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 \$ 5,000.00



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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