



THE UNITED STATES
CORPORATION
COMPANY

L99000003148

ACCOUNT NO. : 072100000032

REFERENCE : 247091 7184713

AUTHORIZATION :

COST LIMIT : \$ ~~70.00~~ 285.00

Patricia Pijet

ORDER DATE : May 19, 1999

ORDER TIME : 4:23 PM

ORDER NO. : 247091-005

CUSTOMER NO: 7184713

600002888046--0

CUSTOMER: Mr. Ivan Biddles
KIWI, LLC
KIWI, LLC
40 Winchester Road

Ormond Beach, FL 32174-2526

DOMESTIC FILING

NAME: KIWI, LLC

EFFECTIVE DATE:

(8)

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: Janna Wilson

EXAMINER'S INITIALS:

99 MAY 27 PM 1:15

99 MAY 27 AM 10:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

mk 5/27/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 27, 1999

JANNA WILSON
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: KIWI, LLC
Ref. Number: W99000012398

We have received your document for KIWI, LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

Your limited liability company name is unavailable, pursuant to section 608.406(4), Florida Statutes. Since it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all appropriate places. One or more words must be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 299A00029233

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99 MAY 27 PM 3:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL
TO THE CLERK OF THE COURT
FOR FILING



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 27, 1999

JANNA WILSON
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: KIWI HEALTH SYSTEMS, LLC
Ref. Number: W99000012398

RECEIVED
89 MAY -2 4:10:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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We have received your document for KIWI HEALTH SYSTEMS, LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

On the AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS, it is stated that \$1,000.00 in property has been contributed. Please attach a BRIEF DESCRIPTION of this property.

Please note that your description can be VERY BRIEF.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 899A00029384

*Buck, The description is
computer hardware and
software.*

RES. JIM

Please give original
of mission note as the date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is:

Kiwi Health Systems, LLC

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 40 Winchester Road, Ormond Beach, Florida 32174.

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 40 Winchester Road, Ormond Beach, Florida, 32174-2526 and the name of the initial registered agent of the corporation at that address is Ivan Biddles.

ARTICLE V. MANAGEMENT

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

Member: Ivan Biddles

40 Winchester Road
Ormond Beach, Florida 32174

Wayne Pickering

Same

Kevin Bucek

Same

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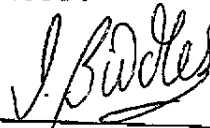
MAY. -20' 99 (THU) 10:36

CSC TALLAHASSEE

TEL: 850 521 1010

P. 003

The undersigned authorized representative of a member of
Kiwi Health Systems, LLC hereby executes these articles of
organization on this 20th Day of MAY 1999.



BY: Ivan Biddles
as its agent as authorized
representative of Kiwi, LLC

Dated: May 20, 1999

SFA/jjw

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99 MAY 27 PM 1:15

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ACCEPTANCE OF REGISTERED AGENT
DESIGNATED IN THE ARTICLES OF INCORPORATION

Ivan Biddles, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Incorporation of:

Kiwi Health Systems, LLC

Ivan Biddles is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

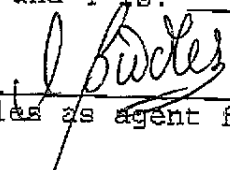
By: I. Biddles

Typed Name: Ivan Biddles

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of KIWI Health Systems, LLC 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 \$500:
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$1000: *
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$1500:
- 5) the total amount of 2, 3, and 4 is: \$3000.


Ivan Biddle as agent for Kiwi Health Systems, LLC

*Property consists of computer hardware and software.

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LIMITED POWER OF ATTORNEYFILED
SECRETARY OF STATE
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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 KIWI, LLC (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
20th day of May, 1999.



WITNESS

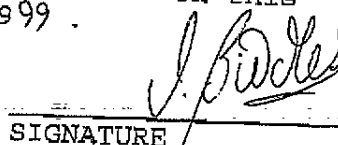
RICARDO HERNANDEZ

TYPED OR PRINTED NAME



WITNESS

TYPED OR PRINTED NAME



SIGNATURE

IVAN BIDDLES

TYPED OR PRINTED NAME