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Healthcare Development Associates International, Inc.

June 22, 1999

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-06/23/99-01054-013

\*\*\*285.00 \*\*\*285.00

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Dear Madam/Sir,

Enclosed please find a check for \$285.00 to cover the filing fees and Designation of Registered Agent file. We are filing our Articles of Organizations as required by law to file for a Limited Liability Corporation.

Thank You for your prompt response to this request.

Sincerely,

*Cecilia Kronawitter*

Cecilia Kronawitter

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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6/28

ARTICLES OF ORGANIZATION  
OF  
; (HDA) INTERNATIONAL  
MANAGEMENT, LLC

The undersigned, acting as the sole organizer of a limited liability company does hereby adopt the following Articles of Organization for HDA International Management, LLC:

ARTICLE I

The name of the limited liability company is HDA International Management, LLC (hereinafter called the Company).

ARTICLE II

The mailing address and street address of the principal office of the Company is 5301 North Federal Highway, Suite 210, Boca Raton, FL 33487.

ARTICLE III

The Company shall commence on the Effective Date and shall continue until December 31, 2099, unless earlier.

ARTICLE IV

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

Nancy Payne	5301 N Federal Hwy, Ste 210, Boca Raton, FL 33487
John Kronawitter	5301 N Federal Hwy, Ste 210, Boca Raton, FL 33487
Cecilia Kronawitter	5301 N Federal Hwy, Ste 210, Boca Raton, FL 33487

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TALLAHASSEE, FL 32399

## ARTICLE V

The Managers of the Company may, in their sole discretion, accept subscriptions for additional Units in exchange for capital contributions, provided that the admission of such Person as a Member has been approved by the holders of Units representing a Unit Percentage equal to or exceeding 75%, and the Company has received, if requested by the Managers, an opinion of counsel reasonable to the Managers, to the effect that the admission of such Person will not cause the Company or the operation of its business to be in violation of any law, statute, rule or regulation then applicable to the Company or such business.

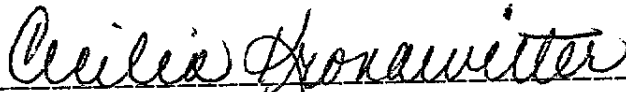
## ARTICLE VI

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members have the right to continue to conduct business.

## ARTICLE VII

The undersigned member or authorized representative of a member of HDA International Management, LLC certifies:

The above named limited liability company has at least one member. The total amount of cash contributed by the members is \$300.00. The agreed value of property other than cash contributed by members is zero. The total amount of cash and property contributed to anticipated to be contributed by the members \$300.00.



Signature of 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.)

Cecilia Kronawitter  
Typed name of signer

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DIVISION OF CORPORATE & BUSINESS SERVICES

CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

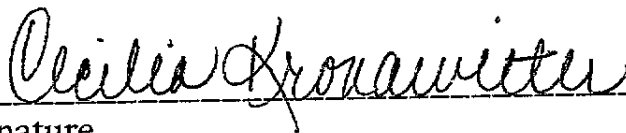
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is HDA International Management, LLC.

The name and the Florida street address of the registered agent are:

Cecilia Kronawitter  
5301 N. Federal Highway  
Suite 210  
Boca Raton, FL 33487

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

Filing Fee: \$35 for Designation of Registered Agent

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