THE FORUM - TOWER A 1675 PALM BEACH LAKES BOULEVARD SUITE 700 WEST PALM BEACH, FLORIDA 33401

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EARL E. MAYER, JR.\*
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\* Federal Tax Counsel to the Firm Admitted in Ohio Only, Practice Limited to Matters of Federal Tax Law 800003028428--7 -10/28/99--01076--017 \*\*\*\*465.00 \*\*\*\*155.00

October 27, 1999

#### VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 East Gaines Street (32301)
Post Office Box 6327
Tallahassee, FL 32314

Physicians Healthcare Enterprises, Ltd.; GAJA Enterprises, Ltd.; Kennedy, Weisberg and Cohen, LLC; Physicians Services, LLC; and National Physicians Services, LLC

Dear Sir/Madam:

Re:

Enclosed please find two (2) originals of the Affidavit of Capital Contributions and two (2) originals of the Certificate of Limited Partnership for the above referenced limited partnerships. Please file one (1) original of each in the following order: (1) Physicians Healthcare Enterprises, Ltd. and (2) GAJA Enterprises, Ltd. Upon filing of same, please return one (1) original of each stamped with the date and time the document has been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our check in the amount of \$175.00 to cover the respective required filing fees.

Also enclosed please find two (2) originals of the Articles of Organization for each of the above referenced limited liability companies. Please file one (1) original of each in the following order: (1) Kennedy, Weisberg and Cohen, LLC; (2) Physicians Services, LLC; and (3) National Physicians Services, LLC. Upon filing of same, please return one (1) certified original of each stamped with the date and time the document has been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our check in the amount of \$465 for the following:

98-99

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Filing fees for the three LLCs (\$100 each): \$300

Designation of Agent (\$25 each): \$75

Certified copies (\$30 each): \$90

TOTAL: \$465

Should you have any questions, please do not hesitate to contact me.

Sincerely,

MAYER & KENNEDY

P. Todd Kennedy

PTK/tas Encl.

C:\PUBLIC\SANCHEZ\LTRS\SEC-ST.102



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

PHYSICIANS SERVICES, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1385 N.W. 15th Street, Miami, Florida 33125

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

| Name | 1385 N.W. 15th Street | Florida street address (P.O. Box NOT acceptable) | Miami | FL | 33125 | City, State, and 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

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

Benjamin Metsch

Typed or printed name of signce

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)