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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DR CONNEXION, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED
04 JUL 12 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 9, 2004

LAZARUS

TALLAHASSEE, FL

SUBJECT: DR CONNEXION, LLC
Ref. Number: W04000026141

We have received your document for DR CONNEXION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The second page of your application can only be used for CORPORATIONS. Please do not return this second page when you resubmit your filing.

You may wish to add a second page in which you identify the names and addresses of the MANAGERS or MANAGING MEMBERS of the limited liability company.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 904A00044047

FILED
04 JUL 12 PM 3:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: DR CONNEXION LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company

227 SW 103 Ave., Miami, FL. 33174

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

MICHELE RIVERO
Name
227 SW 103 Ave
Florida street address (P.O Box **NOT** acceptable)
Miami FL 33174
City, State, and Zip

SECRETARY OF STATE
ALLAHABAD, FLORIDA
JUL 12 AM 10:41
FILED

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 positions as registered agent as provided for in Chapter 608, F.S..

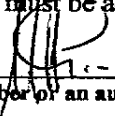


Registered Agent's Signature

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. *MANAGERS: MICHELE RIVERO, FELEX BAUTISTA*

(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 that the facts stated herein are true.)

MICHELE RIVERO

Typed or printed name of signee