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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO

m.d. health essentials, l.l.c

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

M.D. HEALTH ESSENTIALS, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: M.D. HEALTH ESSENTIALS, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 325 ALHAMBRA CIRCLE, CORAL GABLES, FL 33134.

ARTICLE IV

The name and the Florida street address of the registered agent: FORREST G. McSURDY, ESQ., 900 S. PINE ISLAND ROAD, SUITE 400, PLANTATION, FL 33324.

ARTICLE V

The name of the Managing Member(s) and Member(s) of this Company shall be:

**MANAGING MEMBER/MEMBER
JOHN J. MARTIN, JR., M.D.**

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

M.D. HEALTH ESSENTIALS, L.L.C.

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Fonesth. M. Turley
Registered Agent

[Signature]
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.)

JOHN J. MARTIN, JR., M.D.
Typed or printed name of signee

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