

# L12000032896

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To: Division of Corporations  
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From: Account Name : CSH SERVICES, LLC  
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**FLORIDA LIMITED LIABILITY CO.  
G MEDICAL RESOURCES LLC**

Certificate of Status	0
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EXAMINER

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

In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

G MEDICAL RESOURCES LLC

**ARTICLE II ADDRESS**

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

701 BRICKELL AVENUE #1550

MIAMI, FL 33131

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

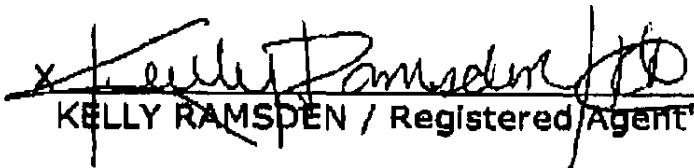
The name and the Florida street address of the registered agent are:

KELLY RAMSDEN

701 BRICKELL AVENUE #1550

MIAMI, FL 33131

Having been named as registered agent 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.

  
KELLY RAMSDEN / Registered Agent's signature

H12000061426 3

PAGE 2 G MEDICAL RESOURCES LLC

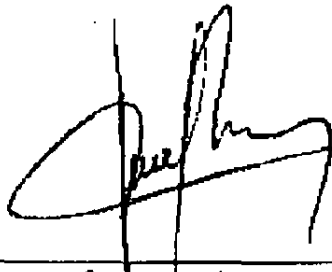
**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
JUAN BRUNO  
701 BRICKELL AVENUE #1550  
MIAMI, FL 33131

.....



X  
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.

JUAN BRUNO