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(Requestor's Name)

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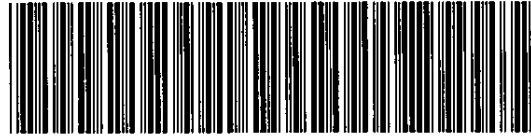
(Business Entity Name)

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MAY -7 2012  
T. HAMPTON

LAW OFFICES OF  
**MARC R. GAYLORD, P.A.**

11700 S.E. OLD DIXIE HIGHWAY  
HOBE SOUND, FL 33455  
TEL: (772) 545-7740  
FAX: (772) 545-7782

MARC R. GAYLORD, ESQ.

May 2, 2012

**VIA U.S. MAIL**

Secretary of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

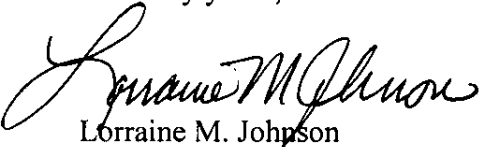
Re: Articles of Organization for Harris Medical, LLC.

Dear Sir/Madam:

Enclosed please find the original Articles of Organization for the above named corporation. I have also enclosed a check in the amount of \$125.00, as the filing fees for same. Kindly return a stamped copy of the filed articles.

Should you have any questions or concerns with regard to any of the foregoing, please do not hesitate to contact the undersigned.

Sincerely yours,



Lorraine M. Johnson

Encl.

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
HARRIS MEDICAL, LLC**

The undersigned subscribers of these Articles of Organization for a Florida Limited Liability Company, are natural persons competent to contract and do hereby form a Limited Liability Company under the laws of the State of Florida.

**ARTICLE I**

The name of the Limited Liability Company is:

**HARRIS MEDICAL, LLC**

**ARTICLE II**

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

8909 SE MARINA BAY DRIVE  
HOBE SOUND, FL 33455

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

8909 SE MARINA BAY DRIVE  
HOBE SOUND, FL 33455

**ARTICLE III**

The Limited Liability Company shall have perpetual existence.

**ARTICLE IV**

The Limited Liability Company is to be managed by a member or managing members and the names and addresses of such member(s) who are to serve as managing member(s) are;

**MGRM**

**ROBERT M. HARRIS, JR.  
8909 SE MARINA BAY DRIVE  
HOBE SOUND, FL 33455**

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DIVISION OF CORPORATIONS  
12 MAY - 3 AM 10: 18

**MGRM**

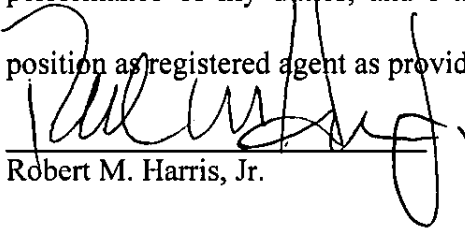
**SHARI MAGEN HARRIS  
8909 SE MARINA BAY DRIVE  
HOBE SOUND, FL 33455**

**ARTICLE V**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the name and the Florida street address of the Registered Agent in the State of Florida is:

**Robert M. Harris, Jr.      8909 SE Marina Bay Drive  
Hobe Sound, FL 33455**

Having been named as registered agent and to accept service of process for the 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, FS.

  
Robert M. Harris, Jr.

4/24/12  
Date

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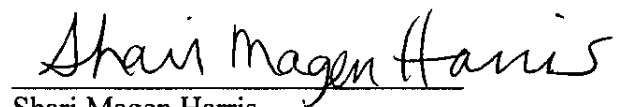
**ARTICLE VI**

The undersigned manager of HARRIS MEDICAL, LLC certifies:

- (1) That the above named Limited Liability Company has at least one (1) member.
- (2) That the total amount of cash contributed by the members is: \$100.00.
- (3) That, if any, the agreed value of property other than cash contributed by a member is: \$0.00.
- (4) That the amount of cash or property anticipated to be contributed by the members is: \$100.00

That in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

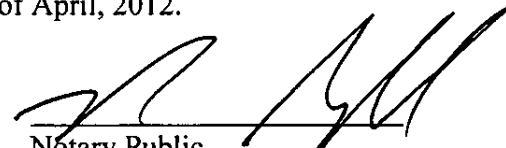
  
Robert M. Harris, Jr.

  
Shari Magen Harris

**STATE OF FLORIDA  
COUNTY OF MARTIN**

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized to take acknowledgments and administer oaths, in the State and County aforesaid, personally appeared Robert M. Harris, Jr. and Shari Magen Harris, who being first duly sworn, acknowledged to me that they are the persons described in and who executed the foregoing Articles of Organization for Florida Limited Liability Company and that they executed the same for the purposes therein expressed.

Witness my hand and seal this 31 day of April, 2012.

  
Notary Public  
STATE OF FLORIDA  
My Commission Expires:



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