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

From: Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305) 591-9180
Fax Number : (305) 591-9167

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jelenaaccountingservices@gmail.com

RECEIVED
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
INTER SALUD MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
14 MAY 19 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTER SALUD MEDICAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

**8181 NW 36TH STREET, SUITE 13AB
DORAL, FL. 33166**

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DORAL, FL. 33166**

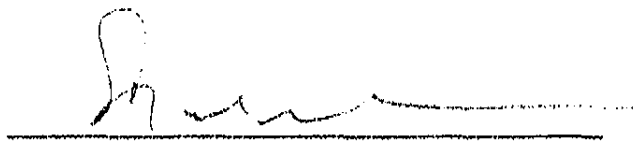
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**JELEN ACCOUNTING SERVICES, INC.
8181 NW 36TH STREET, SUITE 13AB
DORAL, FL. 33166**

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TALLAHASSEE, FLORIDA

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 605, F.S..



Registered Agent's Signature

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

AMBR **JULIO JESUS GUTIERREZ VILLALOBOS**
8181 NW 36TH STREET, SUITE 13AB
DORAL, FL. 33166


AMBR **MARIA ALEJANDRA MADIEDO HERNANDEZ**
8181 NW 36TH STREET, SUITE 13AB
DORAL, FL. 33166

ARTICLE V: Effective date, if other than the date of filing: **May 19, 2014**

ARTICLE VI: Purpose

IMPORT AND SALES OF MEDICAL EQUIPMENT AND SUPPLIES

REQUIRED SIGNATURE:



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Julio Jesus Gutierrez Villalobos

Typed or printed name of signee