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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INNOVATIVE MEDICAL COMPONENTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVATIVE MEDICAL COMPONENTS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

25430 NW 8TH LANE
SUITE 100
NEWBERRY, FL 32669

25430 NW 8TH LANE
SUITE 100
NEWBERRY, FL 32669

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SOUTHEAST ACCOUNTING & TAX SERVICES, INC.
Name

713 E ATLANTIC BLVD
Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH FLORIDA 33060
City State Zip

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.

Christina D. Pendleton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

DAVID F BELLO LIVING TRUST
25436 NW 8TH LANE, SUITE 100
NEWBERRY, FLORIDA 32668

MGR

DAVID A. BELLO
25110 NW 6TH LANE
NEWBERRY, FL. 32663-6417

(Use attachment if necessary)

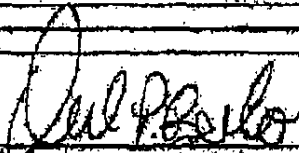
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the document is specific and cannot be corrected by the filer prior to or 90 days after the date of filing.)

Note: If the date listed in this block does not meet the applicable statutory filing requirements, this document will be filed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is prepared in accordance with section 605.023(1)(b), Florida Statutes.
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. 317.155, F.S.

DAVID F. BELLO

Typed or printed name of signer

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SECRETARY OF STATE
FLORIDA

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