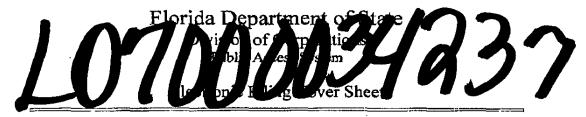
Division of Corporations

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Fax Number

: (850)205-0383

From:

: A 1 A CORPORATE SERVICES, INC. . Account Name

Account Number : . I20010000247 Phone

: (800)494-3124

Fax Number

(305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status Certified Copy 0

Benkam Medical Consultants LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Benkam Medical Consultants LLC

ARTICLE II ADDRESS

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

#130 4044 W LAKE MARY BLVD UNIT#104

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY FL 32351

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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's signature /

ARTICLE IV MANAGEMENT

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

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PAGE 2 Benkam Medical Consultants LLC

ARTICLE Y

The name(s) and address(es) of the managing members of the LLC are:

WAHIDA M. SACHOO

Managing Member: #130 4044 W LAKE MARY BLVD UNIT#104

LAKE MARY FL 32746-2012

FATEMA SACHOO

Managing Member: #130 4044 W LAKE MARY BLVD UNIT#104

LAKE MARY FL 32746-2012

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.)

WAHIDA M. SACHOO Typed or printed name of signee

> AM 9: 54 OF STATE EFFLORIDA

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