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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Dr. Michael M. Scharmatt, LLC

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**ARTICLES OF ORGANIZATION  
OF  
DR. MICHAEL M. SCHARMETT, LLC**

**ARTICLE I  
NAME**

The name of the limited liability company is Dr. Michael M. Scharmett, LLC (the "Company").

**ARTICLE II  
ADDRESS**

The mailing address and the street address of the principal office of the Company is 6256 NW 24<sup>th</sup> Street, Boca Raton, Florida 33434.

**ARTICLE III  
INITIAL REGISTERED AGENT**

The name and street address of the initial registered agent for service of process on the Company in the State of Florida are:

Dr. Michael M. Scharmett  
6256 NW 24<sup>th</sup> Street  
Boca Raton, FL 33434

**ARTICLE IV  
MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager ("MGR") or Managing Member ("MGRM") are as follows:

MGRM	Dr. Michael M. Scharmett 6256 NW 24 <sup>th</sup> Street Boca Raton, FL 33434
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IN WITNESS WHEREOF, the undersigned made and executed these Articles of Organization this 14 day of February, 2008.

  
\_\_\_\_\_  
Dr. Michael M. Scharmett, Member

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**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE BELOW NAMED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Dr. Michael M. Scharnett, LLC.
2. The name and Florida street address of the registered agent and office are:

Dr. Michael M. Scharnett  
6256 NW 24<sup>th</sup> Street  
Boca Raton, FL 33434

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent.

*Dr. Michael M. Scharnett*  
\_\_\_\_\_  
Dr. Michael M. Scharnett

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