



THE UNITED STATES
CORPORATION
COMPANY

L00000000 2063

ACCOUNT NO. : 072100000032

REFERENCE : 587978 7205260

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pizant

ORDER DATE : February 14, 2000

ORDER TIME : 9:32 AM

ORDER NO. : 587978-005

000003145720--3

CUSTOMER NO: 7205260

CUSTOMER: Dr. Eduardo A. Divo
DR. EDUARDO A. DIVO
DR. EDUARDO A. DIVO
2888 Sand Bluff Cove

Oviedo, FL 32765

DOMESTIC FILING

NAME: THECELLDOCTOR.COM, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

APPROVE
FILED
00 FEB 24 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 FEB 24 AM 10:36
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

UP 2-24-00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THECELLDOCTOR.COM, LLC

ARTICLE II - Address:

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


2888 Sand Bluff Cove, Oviedo, FL 32765

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

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

<u>Corporation Service Company</u>		
<u>Name</u>		
<u>1201 Hays Street</u>		
<u>Florida street address (P.O. Box NOT acceptable)</u>		
<u>Tallahassee,</u>	<u>FL</u>	<u>32301</u>
<u>City, State, and Zip</u>		

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 608, F.S..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Laura R. Dunlap
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

COFF 26 APR 11:51
APPROVED
FILED

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of THECELLDOCTOR.COM, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this
19 day of February, 2000.

Jessica Polito
WITNESS

Jessica Polito
TYPED OR PRINTED NAME

Y. L. G.
WITNESS

FELIX C. POLITO
TYPED OR PRINTED NAME

Eduardo Divo
SIGNATURE

Eduardo Divo
TYPED OR PRINTED NAME

APPROVED
AND
FILED
00 FEB 24 AM 11:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA