



THE UNITED STATES  
CORPORATION  
COMPANY

L010000003584

ACCOUNT NO. : 072100000032

REFERENCE : 069651 7110164

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia P. [unclear]*

ORDER DATE : March 7, 2001

ORDER TIME : 9:55 AM

ORDER NO. : 069651-005

300003819029--5

CUSTOMER NO: 7110164

CUSTOMER: John Cummings, Esq  
Cummings & Davis

The Atrium, Suite 220  
East 80 Route 4  
Paramus, NJ 07652

DOMESTIC FILING

NAME: COMPUMEDICAL, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

*JB*  
*3-8-01*

DIVISION OF CORPORATION

01 MAR -8 PM 12: 09

RECEIVED

01 MAR -8 PM 1:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ACTING  
CLERK  
FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPU MEDICAL, LLC

### ARTICLE II - Address:

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

6590 JACKIE WAY

LAKE WORTH, FLORIDA 33467

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

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box <b>NOT</b> acceptable)
Tallahassee FL 32301
City, State, and 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 608, F.S..*

Corporation Service Company  
By: Patrick Salen, Assistant Secretary  
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)

John J. Cummings  
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.)

JOHN J. CUMMINGS  
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)

FILED  
MAR 7 2001  
TALLAHASSEE  
FLORIDA  
01:50 PM