

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000080677 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: BUTZEL LONG NAPLES Account Name

Account Number : 120000000266

: (941)597-4500

Fax Number

: (941)597-5623

LIMITED LIABILITY COMPANY

Noninvasive Health Products, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00



AL !

H010000806777

ARTICLES OF ORGANIZATION OF NONINVASIVE HEALTH PRODUCTS, L.L.C.

The undersigned acting as organizer of NONINVASIVE HEALTH PRODUCTS, L.L.C., under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

ARTICLE I

The name of the limited liability company shall be NONINVASIVE HEALTH-PRODUCTS, L.L.C., (the "L.L.C.").

ARTICLE II

This L.L.C. shall exist perpetually, unless dissolved according to law or as set forth in the L.L.C.'s Operating Agreement.

ARTICLE III

The L.L.C. is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity in Florida, with the powers described in the Florida Limited Liability Company Act and as set forth in the L.L.C.'s Operating Agreement.

ARTICLE IV BUSINESS ADDRESS/MAILING ADDRESS

The address of the place of business in this State of the L.L.C. shall be 1875 14th Avenue, Vero Beach, Florida 32960. The mailing address of the L.L.C. shall be 1875 14th Avenue, Vero Beach, Florida 32960.

Prepared by: Kent A. Skrivan, Esq. BUTZEL LONG, P.C. 801 Laurel Oak Drive, Ste. 705 Naples, Florida 34108 (941) 597-4500 Bar #0893552

H01000080565 4

ARTICLE V REGISTERED AGENT

The name and address of the L.L.C.'s initial registered agent and registered office is Kent A. Skrivan, Esq., Butzel Long, 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108.

ARTICLE VI ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted to the L.L.C. as set forth in the Operating Agreement.

ARTICLE VII MANAGEMENT

The L.L.C. is to be managed by a Manager or Managers. The name and address of the initial Manager of the L.L.C. who shall serve as Manager until a successor is elected and qualified is:

John K. Purvis 4892 Fairfield Avenue Fairfield, Ohio 45011

Managers may be removed and replaced by the members, as provided in the Operating Agreement of the L.L.C. Managers shall hold the offices and have the responsibilities accorded to them by the members as set out in the Operating Agreement of the L.L.C.

ARTICLE VIII ADDITIONAL PROVISIONS

(a) The effective date of this limited liability company shall be upon filing.

H01000080565 4

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 10 day of 3029, 2001.

K. Purvis, Organizer

Purvis, Organizer

H01000080677 7

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/RESISTERED OFFICE

In compliance with Section 608.415 and 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

- 1. The name of the Limited Liability Company is NONINVASIVE HEALTH PRODUCTS, L.L.C.
 - 2. The name and address of the registered agent and registered office is:

Kent A. Skrivan, Esq. BUTZEL LONG 801 Laurel Oak Drive, Suite 705 Naples, Florida 3410 (941) 597-4500

ACCEPTANCE:

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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Kent A. Skrivan

Document: 888688888/0001/32299/_x701I,DOC

H01000080565 4