

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L010000014278

Venus Medical Communications LLC

200004552022--6
-08/23/01--01033--027
****125.00 ****125.00

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
01 AUG 23 AM 11:33
DIVISION OF CORPORATION

8-23-01

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION
OF
VENUS MEDICAL COMMUNICATIONS, LLC,

a Limited Liability Company

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Act, do hereby adopt the following Articles of Organization.

ARTICLE 1.0

The name of the Limited Liability Company shall be VENUS MEDICAL COMMUNICATIONS, LLC, Limited Liability Company.

ARTICLE 2.0

The period of its duration may not exceed 30 years from the date of filing with the Department of State.

ARTICLE 3.0

The purpose for which the Limited Liability Company is organized shall be the engagement of any legal business or investment activity as the Managers may from time to time determine.

ARTICLE 4.0

The location of the principal place of business and mailing address of the Limited Liability Company shall be 6022 Bridgewater Circle, Ponte Vedra Beach, Florida 32082.

ARTICLE 5.0

The admission of new Members shall be subject to the unanimous approval of the existing Members of the Limited Liability Company.

ARTICLE 6.0

Upon the affirmative majority vote thereof, the remaining Members of the Limited Liability Company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

ARTICLE 7.0

The Limited Liability Company shall be managed by Managers and the names and addresses of the initial Managers are as follows:

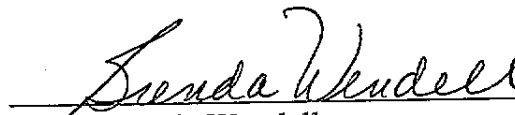
Brenda F. Wendell

6022 Bridgewater Circle
Ponte Vedra Beach, Florida 32082

Dianne L. Larson

1324 Edgewood Avenue South
Jacksonville, Florida 32205

IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization on this 22nd day of August, 2001.


By: Brenda Wendell

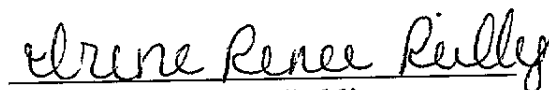
SECRETARY OF STATE
JULIA A. MASSEY, FLO
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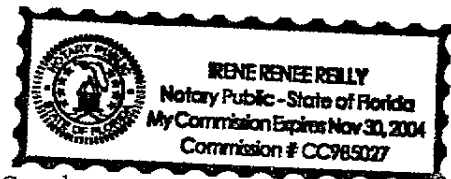
APPROVED
AND
FILED

**STATE OF FLORIDA
COUNTY OF DUVAL**

The foregoing instrument was acknowledged before me this 22 day of August, 2001, by BRENDA WENDELL, who is personally known to me, or who has produced FL Driver's License as identification.


Signature of Notary Public

Notary Seal:



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

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned 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 VENUS MEDICAL COMMUNICATIONS, LLC, Limited Liability Company.

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

891000009435
ALLEN L. POUCHER, JR., P.A.
320 East Adams Street
Jacksonville, Florida 32202

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.

Allen L. Poucher, Jr.

Allen L. Poucher, Jr.
Registered Agent

Date: 8-22-01

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CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED