



LO10000014896

ACCOUNT NO. : 072100000032

REFERENCE : 449566 7283800

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pujat

ORDER DATE : August 28, 2001

ORDER TIME : 2:30 PM

ORDER NO. : 449566-001

CUSTOMER NO: 7283800

CUSTOMER: Dr. Darrin L. Frye
Dr. Darrin L. Frye

000004564920--9

10734 Ibis Reserve Circle
West Palm Beach, FL 33412

DOMESTIC FILING

NAME: MEDLOG, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG 30 PM 3:51

NOT RECORDED
NO ACKNOWLEDGE
NO EFFICIENCY OF FILING

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: Janna Wilson - EXT. 1155

EXAMINER'S INITIALS:

01 AUG 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

JP
8-30-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medlog, LLC

ARTICLE II - Address:

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

10734 Ibis Reserve Circle, West Palm Beach, FL 33412

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 **NOT** 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: Laura R. Dunlap
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)

Laura R. Dunlap
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
as its agent

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)

01 AUG 30 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE
AND
FILED

Managing Member:

Darrin Lyle Frye
10734 Ibis Reserve Circle
West Palm Beach, FL 33412

jjw

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AND
FILED

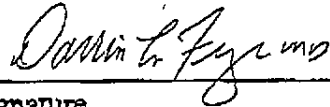
01 AUG 30 A18:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("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 MEDLOG, 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 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 30 day of August, 2001.

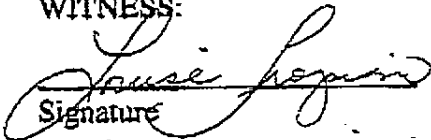


Signature

DARRIN C. FRYE, M.D.

Print Name of Signer

WITNESS:

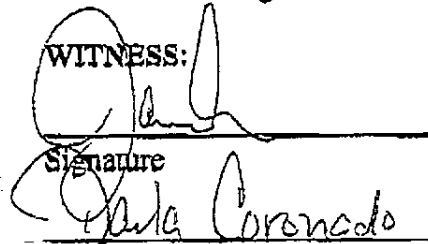


Signature

Louise Teopano

Print Name of Witness

WITNESS:



Signature

Paula Coronado

Print Name of Witness

01 AUG 30 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDAATTACHED
AND
FILED