

CAPITAL CONNECTION, INC.

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

LD10000017492

Cure Med, LLC

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*remove affidavit
per Leilani*

Signature _____

Requested by: *LW*

Name _____

Date *10/11*

Time _____

Walk-In _____

Will Pick Up _____

- ____ 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 _____

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DIVISION OF CORPORATION
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JB
10-11-01

ARTICLES OF ORGANIZATION
OF
eCureMed, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

1. **Name.**

The name of the limited liability company is:

eCureMed, LLC

2. **Principal Office.**

The mailing address and street address of the principal office of the limited liability company is:

1023 SE 6th Street
Fort Lauderdale, Florida 33301

3. **Duration.**

The duration of the limited liability company shall be perpetual unless it is earlier dissolved as provided in these Articles of Organization or in the Florida Limited Liability Act.

4. **Management.**

The limited liability company is to be managed by a manager or managers, and the name and address of the person who is to serve as the initial manager is:

Ronald L. Kaplan
1023 SE 6th Street
Fort Lauderdale, Florida 33301

5. **Admission of Additional Members.**

No additional members shall be admitted to the limited liability company except upon the affirmative majority vote of the members (with each member's vote weighted in proportion to the member's relative capital

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account) and on such terms and conditions as shall be so determined by the members.

6. Members' Rights to Continue Business.

The limited liability company shall be dissolved on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or on the occurrence of any other event which terminates the continued membership of a member in the limited liability company, unless, by affirmative majority vote (with each member's vote weighted in proportion to the member's capital account), the remaining members elect to continue the business of the limited liability company.

7. Registered Agent.

The name and address of the initial registered agent and the address of the initial registered office of the limited liability company in the State of Florida is:

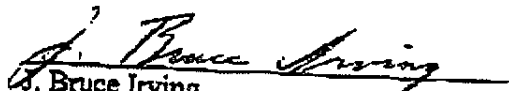
Ronald L. Kaplan
1000 NW 65th Street
Suite 105
Fort Lauderdale, Florida 33309

8.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C;
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 11th day of October, 2001.


J. Bruce Irving
Authorized Representative of a Member

(In accordance with Section 609.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in these Articles of Organization, I hereby accept the appointment as registered agent and agree to act in that 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.

Dated: October 11, 2001


Ronald L. Kaplan

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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eCure Affm
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