

ARTHUR J. CAPPELLA
CERTIFIED PUBLIC ACCOUNTANT

TEL.: (561) 732-3113
FAX: (561) 732-1129

1100 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

L01000022855

DECEMBER 21, 2001

STATE OF FLORIDA
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

800004739048--1
-12/26/01--01068--008
***125.00 ***125.00

DEAR SIR:

ENCLOSED PLEASE FIND CHECK FOR \$125.00 FOR ORGA-
NIZING FLORIDA LIMITED LIABILITY CO. INSIGHT MEDICAL
PRODUCTS, LLC.

WHEN COMPLETED PLEASE RETURN TO:

ARTHUR J. CAPPELLA
CERTIFIED PUBLIC ACCOUNTANT
1100 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL. 33435

THANKING YOU IN ADVANCE.

SINCERELY,



ARTHUR J CAPPELLA
CERTIFIED PUBLIC ACCOUNTANT

AJC/mmt

Name	Arthur J. Capella
Address	1100 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435
Phone	(561) 732-3113
Fax	(561) 732-1129
E-mail	ajc@ajc.com

FILED
00 DEC 26 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01000022855

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSIGHT MEDICAL PRODUCTS, LLC

ARTICLE II - Address:

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

1100 S. FEDERAL HIGHWAY, BOYNTON BEACH, FL. 33435

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

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

ARTHUR J. CAPPELLA

Name

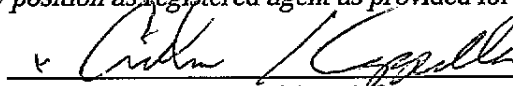
1100 S. FEDERAL HIGHWAY

Florida street address (P.O. Box NOT acceptable)

BOYNTON BEACH FL 33435

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.

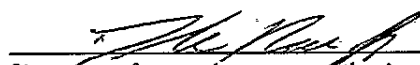


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

 (TOM MURPHY)
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.)

TOM MURPHY

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 26 AM 8:55

FILED