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To: Division of Corporations
Fax Number : (850) 205 -0383

From: Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 650 -7900
Fax Number : (561) 655 -6222

02 APR 12 AM 9:38

DIVISION OF CORPORATIONS

PLEASE FAX TO BETH GDANSKI IN BOCA OFFICE AT (561) 994-8898.
Client: PC28404-PM071112

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

LIFESCAN INSTITUTES OF AMERICA, L.L.C.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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**ARTICLES OF ORGANIZATION
OF
LIFESCAN INSTITUTES OF AMERICA, L.L.C.**

ARTICLE I. Name: The name of the Limited Liability Company is **LIFESCAN INSTITUTES OF AMERICA, L.L.C.** (the "Company").

ARTICLE II. Address: The mailing address and street address of the principal office of the Company is: 3122 E. Commercial Blvd., Fort Lauderdale, Florida 33308.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

JONATHAN E. GOPMAN

c/o Greenberg Traurig, P.A.

2255 Glades Road, Suite 419A

Boca Raton, Florida 33431

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 in Chapter 608, Florida Statutes.

JONATHAN E. GOPMAN

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.


Kenneth D. Carpenter, II
Authorized Representative

(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.)

02 APR 12 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

LIFESCAN INSTITUTES OF AMERICA, L.L.C., a Nevada limited liability company corporation which is qualified to do business in Florida (the "Company"), does hereby grant permission and approves the filing of the Articles of Organization for the following limited liability company:

LIFESCAN INSTITUTES OF AMERICA, L.L.C.,
a limited liability company

The undersigned, being the President of the Company has executed this Written Consent Granting Approval for Use of Name on behalf of the Company this 10th day of April, 2002.

LIFESCAN INSTITUTES OF AMERICA,
L.L.C.


Kenneth D. Carpenter, II

President

STATE OF FLORIDA)
) ss.:
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 10th day of April, 2002, by KENNETH D. CARPENTER, II, as President of LIFESCAN INSTITUTES OF AMERICA, L.L.C., who [X] is personally known to me or [] has produced _____ as identification.

Beth Gdanski

Notary Public, State of Florida

Print name: Beth Gdanski

My commission expires: _____

