

COMP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILED

02 MAY 31 PM 12:45

FILING COVER SHEET
ACCT. #FCA-14

L020000/3342

CONTACT:

Pam

DATE:

5-3/02

REF. #:

0164 6971

CORP. NAME:

Medgecko LLC

☐ ARTICLES OF INCORPORATION

☐ ARTICLES OF AMENDMENT

☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT

☐ TRADEMARK/SERVICE MARK

☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION

☐ LIMITED PARTNERSHIP

☒ LIMITED LIABILITY

☐ REINSTATEMENT

☐ MERGER

☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION ☐ UCC-1

☐ UCC-3

☐ OTHER:

RECEIVED
02 MAY 31 AM 10:42
DEPT. OF REVENUE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 807433 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

000005662240--0
-05/31/02--01014--016
****155.00 ****155.00

COST LIMIT: \$

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION FOR MEDGECKO, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: Medgecko, LLC

ARTICLE II - Address

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

128 West Broadway, Suite 100
Oviedo, Florida 32765

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members as set forth in the Operating Agreement.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

Corpdirect Agents
103 North Meridian Street, Lower Level
Tallahassee FL 32301

May 21st 2002.

(Date)

By: Richard A. Merrigan

Name: Richard Merrigan,

Title: 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.)

REGISTERED AGENT ACCEPTANCE

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..

CORPDIRECT AGENTS

By: Pam Wolfe
Name: Pam Wolfe
Title: It's Agent

5/31/02
(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA