

Aug. 7. 2002 12:23PM  
Division of Corporations

No. 1045

**L020000020079**

Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : ARIAS TOVAR & ASSOCIATES, P.A. DORAL OFFICE  
Account Number : I20010000086  
Phone : (305) 477-7104  
Fax Number : (305) 477-7172

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**TECNOMEDICS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**L02-20079**  
**OK**

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**ARTICLES OF ORGANIZATION**  
**OF**  
**TECNOMEDICS, LLC.**

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named TECNOMEDICS, LLC.

**ARTICLE I: NAME**

The name of the Company shall be: TECNOMEDICS, LLC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this Company shall be:

8180 NW 36<sup>th</sup> Street, Suite 100, Miami FL 33166

**ARTICLE III: DURATION**

The period of duration for the Company shall be perpetual.

**ARTICLE IV: PURPOSE**

This company is organized to engage mainly in general commercial activities related to the purchase, sale and leasing of medical equipment and material, as well as other related items, including dental material and equipment, import-export of such items and to represent foreign and domestic corporations, products and services in this and any other related areas of this industry, as well as to conduct any and all lawful business in the United States and abroad.

**ARTICLE V: MANAGEMENT**

The Company shall be managed by one or more managers and is therefore a manager - managed company. The initial managers of the company shall be five (5) to hold office until his successor(s) has been duly elected and qualified, or until their earlier resignation, removal from office or death. The number of managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company.

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The name and address of the initial Managers is:

Maria Kristina Trapp de Gakneras, 8180 NW 36<sup>th</sup> Street, Suite 100, Miami FL 33166  
Manuel Gakneras Oltuska, 8180 NW 36<sup>th</sup> Street, Suite 100, Miami FL 33166  
Sandra Alicia Gakneras de Rodriguez, 8180 NW 36<sup>th</sup> Street, Suite 100, Miami FL 33166  
Carmen Susana Trapp Schulz, 8180 NW 36<sup>th</sup> Street, Suite 100, Miami FL 33166  
José Manuel Rodríguez, 8180 NW 36<sup>th</sup> Street, Suite 100, Miami FL 33166

**ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida Street address of the initial Registered Agent is:

José G. Tovar.  
Arias Tovar & Associates, P.A.  
8180 NW 36<sup>th</sup> Street, Suite 100  
Miami, Florida 33166

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*Having been named as registered agent and to accept service of process for the above stated 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

Date: August 7, 2002

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has signed these Articles of Organization this 7<sup>th</sup> day of August 2002

  
\_\_\_\_\_  
Signature of Member or Authorized Representative of a Member

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