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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : USA CORPORATE SERVICES INC.

Account Number : T20000000220 Phone : (800)891-7432

Fax Number : (518)433-1489

LIMITED LIABILITY COMPANY

ADCO MEDICAL SUPPLIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF

ADCO MEDICAL SUPPLIES, LLC

Pursuant to section 608.407, Florida Statutes

- The name of the Limited Liability company is: ADCO MEDICAL SUPPLIES, LLC
- 2. The mailing address and street address of the principal office of the Limited Liability Company is:

999 PONCE DE LEON BLVD., # 40, CORAL GABLES, FL 33134

3. The name and address of the registered agent is as follows:

RAFAEL VILLOLDO, 999 PONCE DE LEON BLVD., # 40, CORAL GABLES, FL 33134

- 3. The period of duration for the Limited Liability Company shall be perpetual.
- 4. The Limited Liability Company is to be managed by managers and the addresses of such managers are as follows:

ALCHEMY HOLDINGS, LLC, 999 PONCE DE LEON BLVD., #40, CORAL GABLES, FL 33134

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true this day 7th day of August 2002.

Frank Orlando

Authorized Representative

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NO. 6744 P. 4 p. 5 NO. 6675 P. 4

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Acceptance of Appointment as Registered Agent

ADCO MEDICAL SUPPLIES, LLC

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 am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Dated: August 6, 2002

Rafael Villoldo Registered Agent

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