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

MJH

From: Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561) 995-4751
Fax Number : (561) 241-7145

LIMITED LIABILITY COMPANY

Medmark, LLC

STATE OF FLORIDA
TALLAHASSEE

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Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **MEDMARK, LLC.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6360 N.W. 5th Way, Suite 103, Fort Lauderdale, FL 33309.

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

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

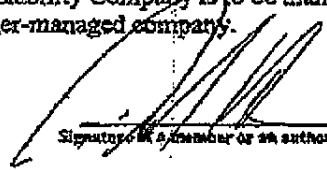
Ronald Lieberman
6360 N.W. 5th Way
Suite 103
Fort Lauderdale, FL 33309

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 is therefore, a manager-managed company.


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.)

Ronald Lieberman
Typed or printed name of signee

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