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LIMITED LIABILITY COMPANY

Medmanage, LLC

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ARTICLES OF ORGANIZATION
OF
MEDMANAGE, LLC

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ARTICLE I - Name:

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 3530 North Federal Highway, Fort Lauderdale, FL 33308.

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

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

Harold Altschuler
3530 North Federal Highway
Fort Lauderdale, FL 33308.

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.



Harold Altschuler
Registered Agent's Signature



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.)

Harold Altschuler, Sole Member
Typed or printed name of signer

Filing Fees: \$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$5.00 Certificate of Status (optional)

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