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MJH

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

VACCINEXPRESS, L.L.C.

RECEIVED

03 MAR 10 PM 2:49

DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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03 MAR 10 AM 9:17

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ARTICLES OF ORGANIZATION FOR  
VaccineXpress, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

VaccineXpress, L.L.C.

ARTICLE II Address:

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

6341 Sunset Drive, Penthouse  
South Miami, Florida 33143

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

       The Limited Liability Company is to be managed by a manager or managers and the name(s) and addressees) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the member and the name and addresses of the managing member is::

Alan K. Roberts, M.D.  
6341 Sunset Drive, Penthouse  
South Miami, Florida 33143

THIS DOCUMENT PREPARED BY:  
Howard E. Kurzweil, Esq.  
Howard E. Kurzweil, P.A.  
2600 Douglas Road, Ste 501  
Coral Gables, Florida 33434  
Florida Bar No. 284416  
Phone: (305) 442-7085

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03 MAR 10 AM 9:17  
THE  
CLERK OF THE  
COURT  
DADE COUNTY, FLORIDA

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**ARTICLE V Registered Agent and Initial Registered Office**

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

HOWARD E. KURZWEIL, ESQ.  
HOWARD E. KURZWEIL, P.A.  
2600 Douglas Road, Suite 501  
Coral Gables, Florida 33134

The Manager and/or Member may, from time to time, move the Registered Office to any other address in the State of Florida.

**ARTICLE VI Capitalization**

The initial contribution of its member has a value of \$500.00, and no additional capital contributions shall be required at the request of a non-member third party.

IN WITNESS WHEREOF, the undersigned, as an authorized Representative of the Initial Member, has executed the foregoing Articles of Organization as of the \_\_\_ day of March, 2003.

  
Howard E. Kurzweil, Esq.

STATE OF FLORIDA            )  
  ) SS.  
COUNTY OF MIAMI-DADE )

The foregoing instrument was acknowledged before me this 10 day of March, 2003, by Howard E. Kurzweil, Esq. who personally appeared before me at the time of notarization, and who is personally known to me or who provided \_\_\_\_\_ as identification.

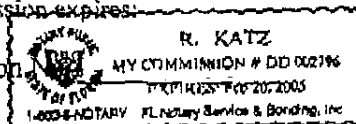
NOTARY PUBLIC:

Sign 

State of Florida at Large

My commission expires:

Commission



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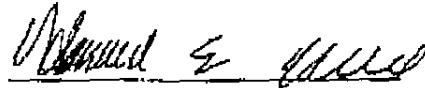
**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the Registered Office/Agent, in the State of Florida.

That VaccineXpress, L.L.C. desiring to organize under the laws of the State of Florida, with its registered office at 6341 Sunset Drive, Penthouse, South Miami, Florida 33143, has named Howard E. Kurzweil, Esq., located at Howard E. Kurzweil, P.A., 2600 Douglas Road, Suite 501, Coral Gables, Florida 33134, as its agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

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.

  
Howard E. Kurzweil, Esq.

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