

L03000029920

Please send
correspondence to

Kim Mahoney

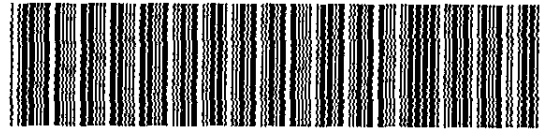
727-481-9577

517 Harbor Grove Circle
Safety Harbor, FL

34695



Kimberly Mahoney
517 Harbor Grove Cir.
Safety Harbor, FL 34695



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08/08/03--01046--011 **130.00

FILED

08/08/03 09:10:59

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Office Use Only

L03-29920
CR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zoe Med Solutions LLC

ARTICLE II - Address:

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

Principal Office Address:

517 HARBOR GROVE CIRCLE
SAFETY HARBOR, FL
34695

Mailing Address:

517 HARBOR GROVE CIRCLE
SAFETY HARBOR, FL
34695

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

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

KIMBERLY A. MAHONEY
Name

517 HARBOR GROVE CIRCLE
Florida street address (P.O. Box **NOT** acceptable)
SAFETY HARBOR FL 34695
City, State, and Zip

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.


Registered Agent's Signature

(CONTINUED)

03 MAY 2010 PM 10:00
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
SARASOTA, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

KIMBERLY A. MAHONEY
517 HARBOR GROVE CIRCLE
SAFETY HARBOR, FL
34695

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

KIMBERLY A. MAHONEY
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)