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SILVA'S ENTERPRISE

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

EFFECTIVE DATE

From:

Account Name : SILVA'S ENTERPRISE, INC.  
Account Number : I20020000100  
Phone : (305) 944-9755  
Fax Number : (305) 944-0955

LIMITED LIABILITY COMPANY

ALCA MEDICAL, LLC

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

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JB  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**Article I**

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

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5979 NW 151 ST. STE. 237  
MIAMI LAKES FL 33014

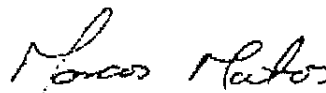
The mailing address of the Limited Liability Company is:  
16300 NE 19 AVE.  
Suite C  
North Miami Beach FL 33162

**Article III**

The name and Florida street address of the registered agent is:  
MARCOS MATOS  
16300 NE 19 Ave.  
Suite C  
North Miami Beach FL 33162

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.

Registered Agent Signature: MARCOS MATOS



**EFFECTIVE DATE**  
1-20-04

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TALLAHASSEE, FLORIDA

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#### Article IV

The Limited Liability Company is a manager managed company

#### Article V

The name, address and distribution of managing members/managers are:

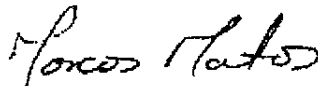
Title: MGR  
MARCOS MATOS 50%  
5979 NW 151 ST. STE. 237  
MIAMI LAKES FL 33014

Title: MGR  
CARLOS APONTE 50%  
5979 NW 151 ST. STE. 237  
MIAMI LAKES FL 33014

#### Article VI

The effective date for this Limited Liability Company shall be:  
01/20/2004

Signature of member or an authorized representative of a member



MARCOS MATOS

AND  
FILED  
04 JAN 20 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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