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To:

Division of Corpurations

Fax Number : (850)205-0383

From:

; HERBERT R. DONICA, P.A. Account Name

Account Number : I19990000195 Phone : (813)259-9900 Fax Number : (813)259-9895

LIMITED LIABILITY COMPANY

New Wave Health Products, LLC

Certificate of Status	0
Certified Copy	0
Page Court	01
Estimated Charge	\$125.00

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ARCICLES OF ORGANIZATION FOR NEW WAVE HEALTH PRODUCTS, LLC a Florida limited liability company

ARTICLE I

The name of the Limit of Liability Company is New Wave Health Products, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company are both 4066 Bahia Isle Circle, Wellington, Florida 33467.

ARTICLE III Registered Agent, Registered Office & Hegistered Agent's Signature

The name and the F orida street address of the registered agent are Suresh Nadgonde, 4066 Bahia Isle Circle, Wellington, Florida 33467.

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 previsions 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

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a rumager-managed company.

Typed: Suresh Nadgonde, Authorized Representative New Wave Health Products, LLC

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirms ion under the penalties of perjury that the facts stated herein are true.)

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