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(Requestor's Name)

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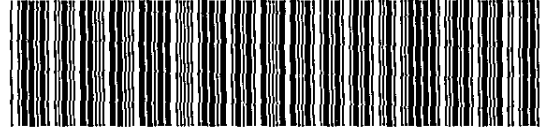
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 802144 7229242

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 155.00

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ORDER DATE : July 13, 2004

ORDER TIME : 2:05 PM

ORDER NO. : 802144-005

CUSTOMER NO: 7229242

CUSTOMER: Saralyn Nemser, Esq
Saralyn Nemser, P.a.

19032 N.e. 29th Avenue

Miami, FL 33180

DOMESTIC FILING

NAME: COSTLESSMEDICINE.COM, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION OF costlessmedicine.com, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the Limited Liability Company is costlessmedicine.com, LLC.

ARTICLE II - ADDRESS

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

815 Enclave Circle W.
Pembroke Pines, Florida 33027

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

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

Blanca Cooper
815 Enclave Circle W
Pembroke Pines, Florida 33027

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.

BY:


Blanca Cooper, Registered Agent

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

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

Managing Member

Blanca Cooper
815 Enclave Circle W
Pembroke Pines, Florida 33027


Signature of Member or an authorized representative of 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.

Blanca Cooper
Typed or printed name
of signee

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