L04000073483

OCT-08-2004 00:10 EMPIRE P.01

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000201581 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
04 OCT -8 PM 12:50
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

forsure medical supply company l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$155.00

FILED
2004 OCT -8 A 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability

Document Examiner DCC

Updater DCC

DCC

Verification DCC

Electronic Filing Menu Corporate Filing Public Access Help

H04000201581

ARTICLES OF ORGANIZATION
OF
FORSURE MEDICAL SUPPLY COMPANY L.L.C.
a Florida Limited Liability Company
(Chapter 608 of Florida Statutes)

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act ("the "Act") of the State of Florida pursuant to Chapter 608 of the Florida Statutes hereby files the following Articles of Organization providing for the formation, rights, privileges, and immunities of limited liability companies for profit.

ARTICLE I
NAME

The name of the limited liability company shall be **ForSure Medical Supply Company L.L.C.** (the "Limited Liability Company").

ARTICLE II
STREET ADDRESS OF PRINCIPAL OFFICE

The street address of the principal office of the Limited Liability Company shall be located at **7990 Grand Canal Drive, Miami, Florida 33144**, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate.

ARTICLE III
MAILING ADDRESS

The mailing address for the Limited Liability Company shall be **7990 Grand Canal Drive, Miami, Florida 33144.**

ARTICLE IV
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is **7990 Grand Canal Drive, Miami, Florida 33144** and the name of the Limited Liability Company's initial Registered Agent for service of process in the State of Florida, at that address is **Ivette Arias.**

ARTICLE V
PURPOSES AND POWERS

The Limited Liability Company, to the fullest extent permitted by the Act (in effect now and as hereafter amended), may engage in any activity or business permitted under the laws of the United States, any State, or any foreign country, and shall all the powers and rights granted and conferred upon limited liability companies by the laws of the State of Florida.

ARTICLE VI
DURATION

The Limited Liability Company shall be deemed to have commenced its existence on the date that these Articles

H04000201581

of Organization were filed by the Florida Department of State. The Limited Liability Company's existence shall terminate on 2030 A.D., unless the Limited Liability Company is earlier dissolved as provided in these Articles of Organization or the operating agreement adopted by the Limited Liability Company (the "Operating Agreement") or otherwise terminated in accordance with law.

ARTICLE VII
AMENDMENT OF OPERATING AGREEMENT AND REGULATIONS

The power to adopt, alter, amend, or repeal the Operating Agreement of the Limited Liability Company shall be vested in the members.

ARTICLE VIII
AMENDMENT OF ARTICLES OF ORGANIZATION

Any amendment to the Articles of Organization shall be approved by all members of the Limited Liability Company present (personally or represented by proxy) at a meeting representing a majority of the voting power.

ARTICLE IX
INDEMNIFICATION

This Limited Liability Company is empowered to indemnify any officer, member, or manager to the fullest extent permitted by applicable law, as now and hereinafter amended.

ARTICLE X
MEMBERS

The Limited Liability Company shall have one or more members (the "Members"). The name and address of the initial Member is Ivette Arias, whose address is 7990 Grand Canal Drive, Miami, Florida 33144.

ARTICLE XI
MANAGEMENT

All Limited Liability Company powers shall be exercised by or under the authority of, and the business and affairs of this Limited Liability Company shall be managed by the members in accordance with the Operating Agreement. Accordingly, this Limited Liability Company shall be a member-managed limited liability company. The name and address of the initial member is Ivette Arias, whose address is 7990 Grand Canal Drive, Miami, Florida 33144.

ARTICLE XII
EXECUTION

The undersigned member of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of ForSure Medical Supply Company, L.L.C.

IN WITNESS WHEREOF, for the purposes of forming this limited liability company under the laws of the State of Florida, I, the undersigned member, has executed these Articles of Organization this 8th day of October, 2004.

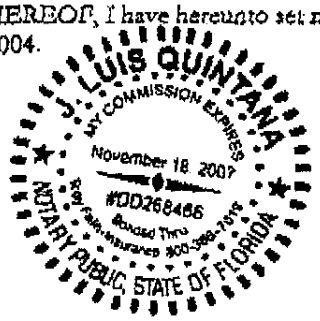
Ivette Arias, Initial Member

FILED
2004 OCT 8 A 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF DADE) SS.

Before me, a Notary Public authorized in the State and County set forth above, personally appeared Ivette Arias known to me and known by me to be the person(s), who, as organizer (s), executed the foregoing Articles of Organization and acknowledged before me that he executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this October 7, 2004.



NOTARY PUBLIC, State of Florida
Printed Name of Notary Public
My Commission Expires:

[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 herein are true]

FILED
2004 OCT -8 A 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H04000201581

REGISTERED AGENT ACKNOWLEDGEMENT

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

By: _____
Ivette Arias

[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 herein are true]

FILED
2004 OCT -8 A 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H04000201581