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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

NEOMEDICAL ALLIANCE LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

NEOMEDICAL ALLIANCE LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
7919 NW. 79 TH. AVE.	7919 NW. 79 TH. AVE.
MIAMI, FLORIDA 33172	MIAMI, FLORIDA 33172

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

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

ALBERTO M. CLAVIJO
Name

11413 NW. 76 TH. TERRACE
Florida street address (P.O. Box NOT acceptable)

DORAL FL. 33178
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)

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"	ORESTES HERNANDEZ 8864 NW. 110 TE. ST. HIALEAH GARDENS, FL. 33018
"MGRM "	ALBERTO M. CLAVIJO 11413 NW. 76 TE. TERR. DORAL, FLORIDA 33178

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(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.)

ORESTES HERNANDEZ

Typed or printed name of signee