Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

medserv usa, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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20/10°d





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

MEDSERV USA, LLC

ARTICLE

The name of the Limited Liability Company shall: MEDSERV USA, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 700 LAUREL LANE WEST, PEMBROKE PINES, FL 33027

ARTICLE IV

The name of the Managing Member(s) and Member(s)of this company shall be:

Managing Member/Member
PETER DUSSEAULT

Managing Member/Member NALINI DUSSEAULT

CHANDRA PUNWANI

ARTICLE V

The name and the Florida street address of the registered agent: NALINI DUSSEAULT, 700 LAUREL LANE WEST, PEMBROKE PINES, FL 33027.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered egent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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 of a member or an authorized representative of a member.

(In recordance 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.)

NA IN DUSSEAULT
Typed or printed name of signee

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