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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Viva Medica LLC

Certificate of Status	0
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FAX AUDIT # H050002616733

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BUSINESS FILINGS INCORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
Viva Medica LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Viva Medica LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 510 Spinnaker Drive, Weston, Florida 33326.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jesse Coats, 5200 NW 33 Ave., Suite 218, Fort Lauderdale, Florida 33309. Located in the County of Fort Lauderdale.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Sonya Michelini, 510 Spinnaker Drive, Weston, Florida 33326


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # H050002616733

FAX AUDIT # #050002616733CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Viva Medica LLC**

The name and address of the registered agent and office is Jesse Coats, 5200 NW 33
Ave., Suite 218, Fort Lauderdale, Florida 33309. Located in the County of Fort
Lauderdale.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

Jesse Coats
Jesse Coats

Date: October 10, 2005

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