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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.

Account Number : 076624003440 Phone : (305) 444-6226

Fax Number : (305)442-4829

LIMITED LIABILITY COMPANY

ULTIMATE HMD, LLC.

Certificate of Status	1	
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ARTICLES OF ORGANIZATION

<u>OF</u>

ULTIMATE HMD, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is: ULTIMATE HMD, LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 7171 SW 62nd AVENUE, SUITE 301, MIAMI, FL 33143. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That ULTIMATE HIMD, LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial Manager shall be ANDRES PALOMO of 7171 SW 62nd AVENUE, SUITE 301, MIAMI, FL 33143.

21	he authorized representative of manager in Miami-Dade County	y, State		
of Florida, this 1 day of	CARLOS F. ARAZOZA Authorized Representative	SECRETARY OF	05 NOV 14 AM	יורנס
STATE OF FLORIDA)) SS:	STATE	AM 10: 1 1	
COUNTY OF MIAMI-DADE)			
manager of ULTIMATEHMD, LI	re me, CARLOS F. ARAZOZA, the authorized representative .C., for and on behalf of the entity, who is personally known to me knowledges that he signed the same for the purposes therein	e, who	eđ.	
WITNESS my hand and seal at	Miami-Dade County, Florida thish day of November,	2005.		
Laura Kohn Commission #DD31961 Expires: May 16, 200 Bonded Thru Atlantic Bonding Co., Inc.	NOT WY IT DAMES OF ELOPIDA			

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That ULTIMATE HMD, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA, P.A, as its Agent, of 2100 SALZEDO STREET, SUFTE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.