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LIMITED LIABILITY COMPANY**KOREX MEDICAL, LLC**

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KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES, P.A.

ATTORNEYS AND COUNSELORS AT LAW

DAVID W. BUNDY¹
WILLIAM J. DENIUS
TIMOTHY L. DUROCHER²
FRANK H. KILLGORE, JR.³
ANA M. LOPEZ
MARK L. ORNSTEIN⁴

2 SOUTH ORANGE AVENUE, 5TH FLOOR
ORLANDO, FLORIDA 32801

CRAIG S. PEARLMAN⁵
GREY SQUIRES-BINFORD⁶
MARTIN F. STAMP⁷
PETER C. VILMOS⁸
OF COUNSEL
BRENDA J. NEWMAN

www.kpsos.com

¹ ALSO MEMBER OF MASSACHUSETTS BAR
² ALSO MEMBER OF MICHIGAN BAR
³ CERTIFIED CIRCUIT COURT MEDIATOR

POST OFFICE BOX 1913
ORLANDO, FLORIDA 32802-1913
TELEPHONE: (407) 425-1020
FAX: (407) 839-3635

⁴ ALSO MEMBER OF DC & WEST VIRGINIA BAR
⁵ ALSO MEMBER OF NEW YORK & TEXAS BAR
⁶ ALSO MEMBER OF NEW YORK & ILLINOIS BAR

Sender's email address:
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is KOREX MEDICAL, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3942 Villas Green Circle
Longwood, FL 32779-4668

Mailing Address:

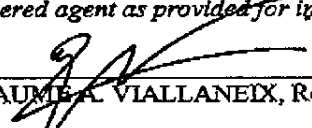
3942 Villas Green Circle
Longwood, FL 32779-4668

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

The name and Florida street address of registered agent are:

GUILLAUME A. VIALLANEIX
3942 Villas Green Circle
Longwood, FL 32779-4668

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


GUILLAUME A. VIALLANEIX, Registered Agent

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

MGR

Name and Address:

CRAIG S. CORRANCE
3942 Villas Green Circle
Longwood, FL 32779

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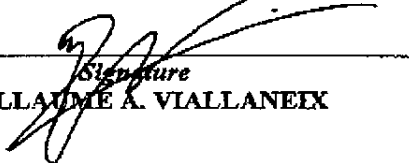
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MGR

GUILLAUME A. VIALLANEIX
3942 Villas Green Circle
Longwood, FL 32779-4668

REQUIRED SIGNATURE:


Signature
CRAIG S. CORRANCE


Signature
GUILLAUME A. VIALLANEIX

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