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LIMITED LIABILITY COMPANY

KOREX MEDICAL, LLC

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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:	**Mailing Address:**
3942 Villas Green Circle **Longwood, FL 32779-4668**	**3942 Villas Green Circle** **Longwood, FL 32779-4668**

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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	**Name and Address:**
MGR	CRAIG S. CORRANCE 3942 Villas Green Circle Longwood, FL 32779

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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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