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Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FALLACE & LARKIN. L.C.

Account Number : 120000000191

Phone : (321)951-9900 Fax Number : (321)724-6002

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ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is Marlin J Medical, LLC.

ARTICLE II - ADDRESS

Principal Office Address:

Mailing Address:

1712 Brookside Street NE Palm Bay, FL 32907

1712 Brookside Street NE Palm Bay, FL 32907

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

James H. Fallace Fallace & Larkin, L.C. 1900 S. Hickory Street, Ste. A Melbourne, FL 32901

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

ARTICLE IV-MANAGER(S) OR MANAGING MEMBER(S)

Jami

H. Fallace

The name and address of each Manager or Managing Member is as follows:

Title
"MGR" = Manager
"MGRM" = Managing Member

MGR

Name and Address

Christopher Ramsey 1712 Brookside Street NE Palm Bay FL 32907

nzed representative of member)

(in accordance with Section 608.408(3)/ Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury that the facts stated herein are true.)

James H, Failace (Typed or Printed Name of Signee)