BLUMBERGEXCELSIOR

Fax:888-692-9256

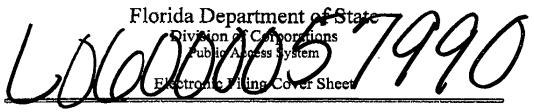
Jun 6 2006 14:45

P. 01

Division of Corporations

Page 1 of 1

Umw



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000151356 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (212)431-5000

Fax Number

: (212)431-1441

FLORIDA/FOREIGN LIMITED LIABILITY CO. №

MEDMARK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is:

けんしのの 15135 ほご ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
5206 NW 117 AVE	5208 NW 117 AVE	
CORAL SPRINGS, FL	CORAL SPRINGS, FL	
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature	OI V
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature and own Registered Agent. You must designate an individual or another and the signature a	SECRETAR'S DIVISION 9
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another of the registered agent are:	SECRETARY OF
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:	SECRETARY OF S
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another of softhe registered agent are:	SECRETARY OF SIGH
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Lysette J. Ruiz 5206 NW 117 Av	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another of soft the registered agent are:	SECRETARY OF STATE

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, F.S..

Registered Agent's Signature (REQUIRED)
Lysetto J. Rulz

(CONTINUED) Page 1 of 2

HOUODONS 1356 3

<u>Title:</u> "MGR" = Ma "MGRM" = 1	mager Managing Member	Name and Address:	
MGRM		Lyaette J. Ruiz 5206 NW 117 AVE CORAL SPRINGS, FL	_
			<u>-</u> -
			_
(Use attachme	ent if necessary)		
LE V: Effect fective date is	ive date, if other than the	date of filing: (OPTI specific and cannot be more than five busines	 ONAI s days
LE V: Effect; ffective date is days after the	ve date, if other than the control listed, the date must be date of filing.) SIGNATURE:	specific and cannot be more than five busines	ONAI days
LE V: Effect; ffective date is days after the	ive date, if other than the collisted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sections)	especific and cannot be more than five business or or an authorized representative of a member, tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	a daya
LE V: Effect; ffective date is days after the	ve date, if other than the control listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sect of this document constitution that the facts stated be Lysette J. Ruiz, Member Type	especific and cannot be more than five busines. For an authorized representative of a member, tion 608.408(3), Florida Statutes, the execution nutes an affirmation under the panalties of perjury prein are true.)	ONAI days

HO 600015 1356 3