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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

travel medicine international, l.l.c.

Certificate of Status	0
Certified Copy	1
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OK

③

the Limited Liability Company is:

TRAVEL MEDICINE INTERNATIONAL, L.L.C.

The mailing address and street address of the principal office of
the Limited Liability Company is: 16 20

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TALLAHASSEE, FLORIDA

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The name and the Florida street address of the initial registered agent are:

ROBERT M. KAHN, ESQ.
(Name)
KAHN & GUTTER
8211 West Broward Boulevard
Florida street address (P.O. Box not acceptable)
Plantation, Florida 33324
City, State and Zip

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.

Ruby Kel

(Registered Agent's Signature)

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TOTAL P.03

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ARTICLE IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager and is, therefore, a manager - managed company.

ARTICLE V - Effective Date

The Limited Liability Company shall be deemed in existence as of the date these Articles are filed with the Office of the Secretary of State, State of Florida, as evidenced by the Department of State's date and time endorsement on this original document or on any copy hereof as authorized by F.S. 608.4081(3).



Signature of member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DR. MICHAEL LOSS

Typed or printed name of signee

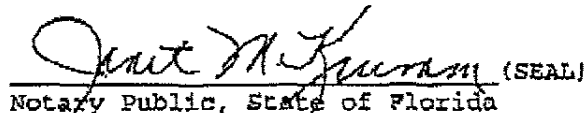
STATE OF FLORIDA)

ss:

COUNTY OF BROWARD)

The foregoing Articles of Organization was acknowledged before me this 26th day of June, 2006, by DR. MICHAEL LOSS, who is personally known to me and who did take an oath.

My commission Expires:
Commission #

 (SEAL)
Notary Public, State of Florida



Janet M. Krumm
My Commission 00276500
Expires January 07, 2008

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