

L060000070079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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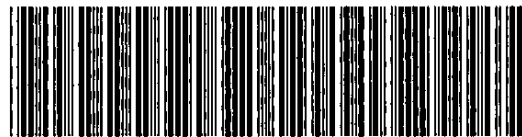
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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W06-26515

B. McKnight JUL 14 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Device Research Corporation LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Walker

(Name of Person)

MDRC LLC

(Firm/Company)

1457 NE 24th Street

(Address)

Wilton Manors FL 33305

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Walker

(Name of Person)

at ( 352 ) 216-5291

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2006

JEFFREY WALKER  
1457 NE 24TH STREET  
WILTOON MANORS, FL 33305

SUBJECT: MEDICAL DEVICE RESEARCH CORPORATION LLC  
Ref. Number: W06000026515

We have received your document for MEDICAL DEVICE RESEARCH CORPORATION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 906A00039744

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Medical Device Research Corporation~~ <sup>4 CONSULTANTS g.w. 7/8/04</sup> LLC

(Must end with the words "Limited Liability Company," "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 Company is:

#### Principal Office Address:

1457 NE 24th Street  
Wilton Manors FL 33305

#### Mailing Address:

1457 NE 24th Street  
Wilton Manors FL 33305

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Damion Campbell

Name

7905 NW 71st Avenue

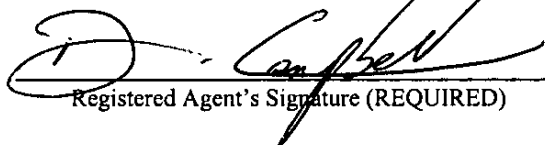
Florida street address (P.O. Box NOT acceptable)

Tamarac, FL 33321

City, State, and Zip

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*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)

(CONTINUED)

Page 1 of 2

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

**Name and Address:**

"MGRM" = Managing Member

**Mr. Jeffrey Walker**

Wilton Manors FL 33305

**Dr. Osei Johnson**

Des Plaines, IL 60016

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

Jeffrey Walker  
Signature of a member or an authorized representative of a member.

JEFFREY WALKER

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**

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DIVISION OF CORPORATIONS  
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