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1/4/07 Natisha

Melnick, Lilienfeld & Assoc

Requestor's Name

2670 NE 215 St

Address

Miami FL 33180

City

State

ZIP

Phone

(305) 937-1040

VALIDATION ONLY

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CORPORATION(S) NAME

Synergetix Biomedical Research, LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

SYNERGETIX BIOMEDICAL RESEARCH, LLC

ARTICLE II-Address:

The mailing address and street address of the principal office of the limited liability company is:

**12777 Old Cutler Road
Miami, FL 33156**

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

**STEVEN MELNICK
12777 OLD CUTLER ROAD
MIAMI, FL 33156**

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 680, F.S..


Registered Agent's Signature

ARTICLE IV-Manager or Managing Member:

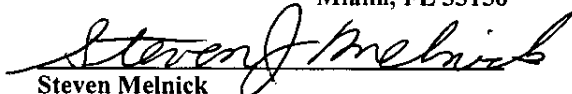
TITLE:

NAME AND ADDRESS

Managing Member

Steve Melnick
12777 Old Cutler Road
Miami, FL 33156

REQUIRED SIGNATURE:


Steven Melnick

(in accordance with section 608.409(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the fact herein are true.)

Steven J. Melnick
typed or printed name of signee

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