

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000087942  
FILED 8:00 AM  
August 28, 2007  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:

ELYSIUM MEDICAL SYSTEMS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

501 BRICKELL KEY DR.  
SUITE 503  
MIAMI, FL. US 33131

The mailing address of the Limited Liability Company is:

501 BRICKELL KEY DR.  
SUITE 503  
MIAMI, FL. US 33131

**Article III**

The purpose for which this Limited Liability Company is organized is:

THE OBJECTS AND PURPOSES FOR WHICH THE COMPANY IS  
ESTABLISHED ARE TO ENGAGE IN ANY BUSINESS LAWFUL ACT OR  
ACTIVITY ON ANYWHERE IN THE WORLD ALL KINDS OF LEGAL  
COMMERCIAL ACTIVITIES WITH RESPECT TO MEDICAL SUPPLIES,  
MEDICAL DEVICES AND EQUIP

**Article IV**

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

PATRICIA MARCUCCI  
501 BRICKELL KEY DR.  
SUITE 503  
MIAMI, FL. 33131

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.

Registered Agent Signature: PATRICIA MARCUCCI

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
IVANIA OBERTI  
501 BRICKELL KEY DR. SUITE 503  
MIAMI, FL. 33131 US

Title: MGRM  
OSCAR OBERTI  
AV ESTE 1, RES. LA VISTA, LOS NARANJOS  
CARACAS, DF. 1061 VZ

Title: MGRM  
CARMEN NARANJOS  
AV ESTE 1, RES. LA VISTA, LOS NARANJOS  
CARACAS, DF. 1061 VZ

### **Article VI**

The effective date for this Limited Liability Company shall be:

08/27/2007

Signature of member or an authorized representative of a member

Signature: IVANIA OBERTI

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