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COVER LETTER

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TO: Registration S Division of Co		i	
SUBJECT:	MedCere I	nternational, LL ted Liability Company)	<u>C</u>
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Raymo	and E. Murray (Name of Person)	
	·	ere International, L	
		(Firm/Company)	
	2502 N.	Rocky PaintRd	Suite 970
		(Address)	
	Tampo	a , FL 33607	
	/ (Ci	ry/State and Zip Code)	
For further information	concerning this matter, please	e call:	
Gary Sali	na	_ at (2701
/ (Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Med Cere	nternationa/LLC d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of		ty Company is:	
Principal Office Address:	Mailing Address:		
2502 N. Rocky Point Rd	Came		
Suite 970 Tampa, FL 33607	SAME		
Suite 970 Tampa, FL 33607 ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual o	or another	
Swite 970 Tampa, FL 33607 ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Raymond	stered Office, & Registered Agent's Sign Registered Agent. You must designate an individual o		クガラロボイン: イン・ファイン イン・

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

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM_	Ray mond E. Murray 2502 N Rocky Point Rd Ste 970 Tampa, FL 33607
MGRM	Timothy L. Landt 350 BH Ave, #12 St. Petersburg, FL 33715
MGRM	South Tampa Investment Group, LLC 13020 Telecom Parkway N. Temple Terrace, FL 331637
	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>November 14, 2007</u>. (OPTIONAL) (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.)

REQUIRED SIGNATURE:

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

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

Raymond E. Murray
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)