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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

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

MAILING ADDRESS
Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

SUBJECT: Capta Medical, LLC

Dear Ms/Sir:

The enclosed Articles of Organization and a check in the amount of \$125.00 are submitted for filing the Articles of Organization.

Please return all correspondence concerning this matter to the following:

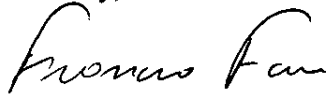
Mr. Francisco Faria
Capta Medical, LLC
720 Brooker Creek Boulevard, Suite 200
Oldsmar, FL 34677

For further information concerning this matter, please call:

Francisco Faria at (612) 702-5817

Thank you for your attention to this matter.

Sincerely,



Francisco Faria

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

Capta Medical, LLC

ARTICLE II – Address:

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

Principal Office Address:

720 Brooker Creek Boulevard
Suite 200
Oldsmar, FL 34677

Mailing Address:

720 Brooker Creek Boulevard
Suite 200
Oldsmar, FL 34677

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

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

Francisco Faria
11930 Royce Waterford Circle
Tampa, Florida 33626

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

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TALLAHASSEE, FLORIDA

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

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

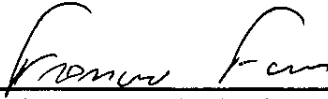
Title:

MGR/MGRM

Name and Address:

Francisco Faria
11930 Royce Waterford Circle
Tampa, FL 33626

CAPTA MEDICAL, LLC:



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.)

Francisco Faria

Typed or printed name of signee

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