

LU80000004929

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

B. KOHR

JAN 15 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 401651 90717A

AUTHORIZATION :

COST LIMIT : \$125.00

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08 JAN 15 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 15, 2008

ORDER TIME : 10:04 AM

ORDER NO. : 401651-005

CUSTOMER NO: 90717A

DOMESTIC FILING

NAME: INTERMED ENTERPRISES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
INTERMED ENTERPRISES, LLC**

FILED
08 JAN 15 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned person(s) has/have declared the intention of forming a Limited Liability Company pursuant to Chapter 608 of the Florida Limited Liability Company Act and, in accordance with such statutes, the person(s) provides the following information:

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Intermed Enterprises, LLC

**ARTICLE II
ADDRESS**

The street address of the principal office of the Limited Liability Company is 1101 Brickell Avenue, North Tower, Suite #702, Miami, FL 33131

The mailing address of the Limited Liability Company is 1101 Brickell Avenue, North Tower, Suite #702, Miami, FL 33131


**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICER & RESIDENT AGENT'S
SIGNATURE**

The name and street address of its initial registered agent are Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

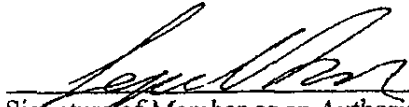
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Dated as of the 15 day of January, 2008.

Corporation Service Company

By: 

Carol Dolor, Assistant VP



Signature of Member or an Authorized Representative of a Member

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

LEOPOLDO VISCONTI

Typed or printed name of signee