

# LO8000011200

Florida Department of State  
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To: Division of Corporations  
 Fax Number : (850)617-6389

From: Account Name : GREENSPOON MARDER, P.A.  
 Account Number : 076064003722  
 Phone : (407)422-6383  
 Fax Number : (954)343-6962

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 08 JAN 31 AM 8:43 RECEIVED  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**KE PAIN EQUIPMENT, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
KE PAIN EQUIPMENT, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is KE Pain Equipment, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 2401 First Boulevard, Suite 7, Fort Pierce, Florida 34950.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

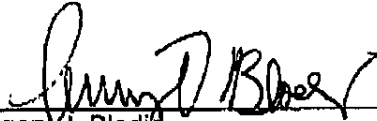
**ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial manager who is to serve as managers is:

**Scott S. Katzman**  
2401 First Boulevard, Suite 7  
Fort Pierce, Florida 34950

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Whereof, the undersigned member has executed these Articles the 31<sup>st</sup> day of January, 2008.

  
\_\_\_\_\_  
Gregory J. Blodig,  
Authorized Representative of Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the Limited Liability Company is:

KE Pain Equipment, LLC

2. The name and address of the registered agent and office is:

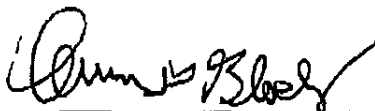
Greenspoon Marder, P.A. (the "Firm")  
100 W. Cypress Creek Road, Suite 700  
Fort Lauderdale, Florida 33309

By:

  
\_\_\_\_\_  
Gregory J. Blodig for the Firm

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*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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.*

  
\_\_\_\_\_  
Gregory J. Blodig, for the Firm (Signature)

January 31, 2008  
(Date)