| (Requestor's Name) | | | |
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| (Address) | | | |
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| (Address) | | | |
| | | | |
| : (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
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| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only

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EXAMINER



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COVER LETTER

| TO: *V Registration S Division of Co | | |
|--------------------------------------|---|--|
| | MedicalStr | udentWeb, LLC. |
| SUBJECT: | | |
| | (Name of Limite | d Liability Company) |
| The enclosed Articles o | f Organization and fee(s) are s | submitted for filing. |
| Please return all corresp | oondence concerning this matte | er to the following: |
| | | |
| | . (| Nam · C Doman) |
| RE | DNIADD EINIG" | TEIN, ESQUIRE |
| | | |
| | | 7th Street, 2nd Floor |
| No | rth Miami Bead | ch, Florida 33162 <u> </u> |
| | | |
| | | |
| | (City | /State and Zip Code) |
| | | |
| For further information | concerning this matter, please | call: |
| BERNARP | EINSTEIN | 30C 1156- 2040 |
| | e of Person) | at (305) 455-2040 (Area Code & Daytime Telephone Number) |
| | , | , , , |
| Enclosed is a check for | or the following amount: | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & | \$155.00 Filing Fee & \$160.00 Filing Fee, |
| , | Certificate of Status | Certified Copy Certificate of Status & |
| | | (additional copy is enclosed) Certified Copy (additional copy is enclose |
| | | (accurate topy is choose |
| | Mailing Address | Street/Courier Address |
| | Registration Section Division of Corporations | Registration Section Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | • | Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MedicalStudentWeb, LLC.

(Must end with the words "Limited Linkilley Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

BERNARD EINSTEIN, 801 Northeast 167th Street, 2nd Floor North Miami Beach, Florida 33162

BERNARD EINSTEIN, 801 Northeast 167th Street, 2nd Floor North Miami Beach, Florida 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BERNARD EINSTEIN, 801 Northeast 167th Street, 2nd Floor North Miami Beach, Florida 33162

City, State, and Zip

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 (REOVIRED

(CONTINUED)
Page 1 of 2

| • | 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 | Brandon David Einstein 2325 Lombard Street Philadelphia, PA 19146 | |
| | Mbrm | Jin Suk Calvin Kim 2441 Gray's Ferry Avenue Philadelphia, PA 19146 | |
| | | | |
| | (Use attachment if necessary) | te of filing: TANUARY 30, 2004 (OPTIONAL) | |
| (If an | CLE V: Effective date, if other than the date effective date is listed, the date must be spondays after the date of filing.) | pecific and cannot be more than five business days prior | |
| | REQUIRED SIGNATURE: Signature of a member of | r an authorized representative of a member. | |
| | (In accordance with section of this document constitute that the facts stated herei | Δ 10 10 1 1 | |

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

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)

Typed or printed name of signee