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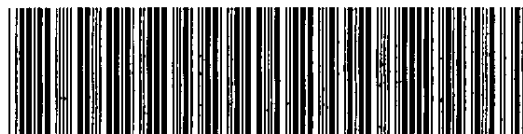
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN 11 PM 1:52

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CLAY MARTIN
C H A R T E R E D

COUNSELOR AT LAW

June 10, 2008

Secretary of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

RE: Medical Device Manufacturing Enterprises, LLC

Dear Sir or Madam:

Enclosed, please find the original and one (1) copy of the Articles of Organization for the above-referenced domestic limited liability company, as well as a check in the amount of \$155.00 in payment of the following fees:

| | |
|--|-----------|
| Filing Fee | \$ 100.00 |
| Certificate Designating Registered Agent | 25.00 |
| Certified Copy of Articles of Organization | 30.00 |

After filing the original Articles of Organization, please certify the enclosed copy of the Articles of Organization and return said copy to me.

Sincerely,

CLAY MARTIN, CHARTERED


Clay Martin

Enclosures

Mailing Address:
Post Office Box 1170
Newberry, Florida 32669

Telephone: 352-472-4131
Facsimile: 352-472-6131
E-Mail: Clay@MartinFirm.net

Physical Address:
851 NW 250th Terrace, Suite 3
Newberry, Florida 32669

**ARTICLES OF ORGANIZATION
OF
MEDICAL DEVICE MANUFACTURING ENTERPRISES, LLC**

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

**ARTICLE I
NAME OF COMPANY**

The name of the limited liability company is Medical Device Manufacturing Enterprises, LLC (the "Company").

**ARTICLE II
PERIOD OF DURATION**

The Company shall terminate on June 10, 2107.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is 25430 Northwest 8th Lane, Suite 100, Newberry, Florida 32669. The name and address of the Company's initial registered agent in the State of Florida is David A. Bello, 25430 Northwest 8th Lane, Suite 100, Newberry, Florida 32669.

**ARTICLE IV
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS**

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the unanimous approval of the members entitled to vote.

**ARTICLE V
DISSOLUTION AND RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The occurrence of an event of dissolution specifically set forth in the Company's Operating Agreement.

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TALLAHASSEE, FLORIDA

**ARTICLE VI
MANAGEMENT**

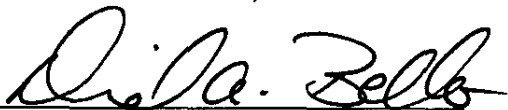
The Company will be managed by David A. Bello in accordance with the Company's regulations. The names and business addresses of the managers are as follows:

| <u>Name</u> | <u>Address</u> |
|----------------|--|
| David A. Bello | 25430 Northwest 8 th Lane Suite 100 Newberry, Florida 32669 |

**ARTICLE VII
PURPOSE**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

IN WITNESS WHEREOF, THE FOLLOWING MEMBER HAS EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 10th DAY OF JUNE, 2008.


David A. Bello

STATE OF FLORIDA
COUNTY OF ALACHUA

Before me personally appeared David A. Bello who is known to me to be the person who executed the foregoing Articles of Organization on behalf of Medical Device Manufacturing Device Enterprises, LLC.

In witness whereof, I have hereunto set my hand and seal on this 10th day of June, 2008.




Notary Public, State at Large

Printed Name

My Commission Expires:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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: Medical Device Manufacturing Device Enterprises, LLC.
2. The name and address of the registered agent and office is:

David A. Bello
25430 Northwest 8th Lane
Suite 100
Newberry, Florida 32669

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.



David A. Bello, Registered Agent

Date: 6/10/2008

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TALLAHASSEE, FLORIDA