

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)344-1200

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DMD INNOVATIONS, LLC

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION

OF

DMD INNOVATIONS, LLC

**ARTICLE I
NAME**

The name of the limited liability company shall be DMD INNOVATIONS, LLC (the "Company").

**ARTICLE II
MAILING ADDRESS AND STREET ADDRESS**

The mailing and street address of the principal office of the Company are:

Mailing Address:

P. O. Box 6696
Brandon, FL 33508-6696

Principal Office Address:

3901 Valrico Grove Dr.
Valrico, FL 33594

**ARTICLE III
INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

Daniel McCleary
11014 Sailbrook Dr.
Riverview, FL 33579

**ARTICLE IV
PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE V
DURATION**

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution as described in the Operating Agreement of the Company.

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DIVISION OF CORPORATIONS


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**ARTICLE VI
OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being an Authorized Representative of the Company, has executed these Articles of Organization on this 8 day of July, 2008.


Mark Gaffin, Authorized Representative


Daniel McCleary, Authorized Representative

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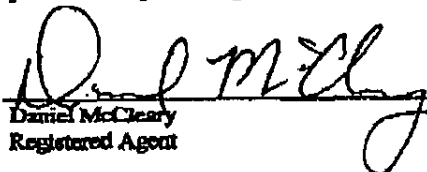
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, 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: DMD Innovations, LLC
2. The name and address of the registered agent and office are:

Daniel McCleary
11014 Sailbrook Dr.
Riverview, FL 33579

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.


Daniel McCleary
Registered Agent

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