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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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**m.d. organics, l.l.c.**

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**M.D. ORGANICS, L.L.C.**

**ARTICLE I**

**The name of the Limited Liability Company shall be: M.D.  
ORGANICS, L.L.C.**

**ARTICLE II**

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

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company: 325 ALHAMBRA CIRCLE, CORAL  
GABLES, FL 33134.**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
FORREST G. MCSURDY, ESQ., 900 S. PINE ISLAND ROAD, SUITE 400,  
PLANTATION, FL 33324.**

**ARTICLE V**

**The name of the Managing Member(s) and Member(s) shall be:**

**MANAGING MEMBER/MEMBER  
JOHN J. MARTIN, JR., M.D.**

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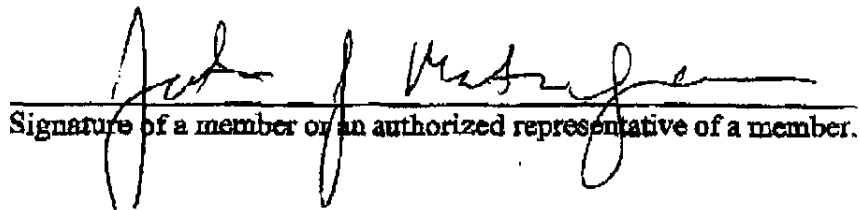
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**M.D. ORGANICS, L.L.C.**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
Registered Agent

  
Signature of a member or an authorized representative of a member.

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

**JOHN J. MARTIN, JR., M.D.**

\_\_\_\_\_  
Typed or printed name of signer

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