

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L08000101700  
FILED 8:00 AM  
October 30, 2008  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:  
MOBILE MEDIC RECERTIFICATIONS P.L.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
489 CORAL WAY  
CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:  
489 CORAL WAY  
CORAL GABLES, FL. US 33134

**Article III**

The purpose for which this Limited Liability Company is organized is:  
EMERGENCY MEDICAL TRAINING

**Article IV**

The name and Florida street address of the registered agent is:  
UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL. 33612

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.

Registered Agent Signature: KARMELIA FREDRICK, US CORP. AGENTS

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JOHN E FLYNT  
489 CORAL WAY  
CORAL GABLES, FL. 33134 US

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Signature of member or an authorized representative of a member

Signature: KARMEIA FREDRICK, LEGALZOOM.COM, INC.