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Florida Department of State  
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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.  
glomed, llc

Certificate of Status	0
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M. THOMAS

MAY - 8 2009

EXAMINER

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

**GLOMED, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be: GLOMED, LLC**

**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: 18101 COLLINS AVENUE, #1609, SUNNY ISLES BEACH, FLORIDA 33160**

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TALLAHASSEE, FLORIDA

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**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
ELIZABETH C. PINES, ESQ., 4300 BISCAYNE BLVD., SUITE 305,  
MIAMI, FLORIDA 33137**

**ARTICLE V**

**The name of the Managing Members :**

**NUR OZLEM ISHAKI**

**NINA CHRISTINA ONSRUD**


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

GLOMED, LLC

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.

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TALLAHASSEE, FLORIDA

(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.)

ELIZABETH C. PINES  
Typed or printed name of signee

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