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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

(800)494-3124 Phone

Fax Number (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CREATIVE MEDICAL DESIGN PROS, LLC

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JUL 16 2009

EXAMINER

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FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CREATIVE MEDICAL DESIGN PROS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3607 WEST DALE AVENUE TAMPA, FLORIDA 33609

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

REGISTERED AGENT SIGNATURE
The name and the Florida street address of the registered agent are:

CHRISTINE HUTCHINSON 3507 WEST DALE AVENUE TAMPA, FLORIDA 33609

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this cartificate, 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 as provided for in Chapter 608, F.S.

CHRISTINE HUTCHINSON / Registered Agent's signature

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PAGE 2 CREATIVE MEDICAL DESIGN PROS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
CHRISTINE HUTCHINSON
3607 WEST DALE AVENUE
TAMPA, FLORIDA 33609

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.

CHRISTINE HUTCHINSON

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