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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : ACCUPAY SERVICES CORP.
Account Number : I19990000169
Phone : (954) 680-6114
Fax Number : (954) 370-8221

EFFECTIVE DATE
7/20/09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TROPICALASER OF KENDALL LLC

Certificate of Status	0
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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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

Article I

The name of the Limited Liability Company is:

TROPICALASER OF KENDALL, PLLC

Article II

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

***8000 NW 155 STREET
MIAMI LAKES, FL 33016***

The mailing address of the Limited Liability Company is:

***8000 NW 155 STREET
MIAMI LAKES, FL 33016***

Article III

The purpose for which this Limited Liability Company is organized is:

PRACTICE OF MEDICINE.

Article IV

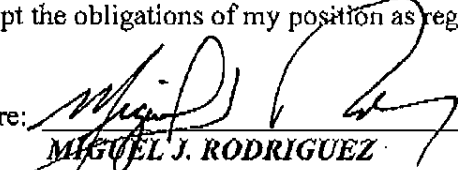
The name and Florida street address of the registered agent is:

***ACCUPAY SERVICES CORP.
1776 N PINE ISLAND ROAD
SUITE 216
PLANTATION, FL 33322***

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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:


MIGUEL J. RODRIGUEZ
FOR ACCUPAY SERVICES CORP.**ARTICLE V**

The Limited Liability Company is a manager managed company.

ARTICLE VI

The name and address of the manager/members are:

GERARDO C. PEREZ, MGRM
7232 SW 123 PL
MIAMI FL 33183

MADELINE E. PEREZ, MGRM
7232 SW 123 PL
MIAMI FL 33183

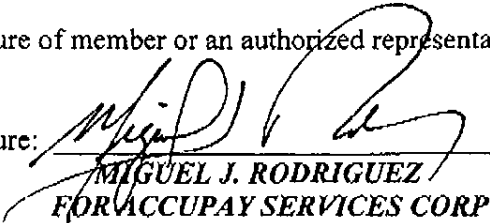
ARTICLE VII

The effective date for this Limited Liability Company shall be:

JULY 20, 2009

Signature of member or an authorized representative of a member.

Signature:


MIGUEL J. RODRIGUEZ
FOR ACCUPAY SERVICES CORP.

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