Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000753543)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email Address:

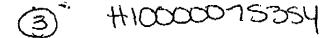
FLORIDA LIMITED LIABILITY CO. SUN MEDICAL TECHNOLOGY, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help J. BRYAN

APR - 5 2009



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

SUN MEDICAL TECHNOLOGY, LLC.

ARTICLE I

The name of the Limited Liability Company shall: SUN MEDICAL TECHNOLOGY, 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 principal office of the Limited Liability Company is: 1177 KANE CONCOURSE, SUITE 102, BAY HARBOR ISLANDS, FL 33154

ARTICLE IV

The name of the Managing Member, Managers and Members of this company shall be:

Managing Member

Manager

CAMILO A. AFANADOR

ARNOLD A. ADAMS

Member

JAMES R. SABATINO

ARTICLE V

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

JAMES R. SABATINO

1177 KANE CONCOURSE, SUITE 102

BAY HARBOR ISLANDS, FL 33154

H1000075354

=H10000075354

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

SUN MEDICAL TECHNOLOGY, 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.

(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.)

Typed or printed name of signee

H100000 75354