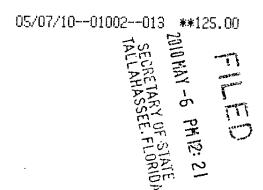
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T. CLINE
MAY - 7 2010
EXAMINER

### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Name of Limited Liability Company		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
-	WATNE Gordon Name of Person		
	MED BASE Firm/Company		
	2535 US HWY 1 South 3		
-	Address  ST AUGUSTINE FL 32086 FF City/State and Zip Code  Gordonw To Not Mail. Com  E-mail address: (to be used for future annual report notification)		
	City/State and Zip Code  90rdonwT & Notwart. Com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:		
_	E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:			
	Name of Person at ( 904) 797-1877  Area Code & Daytime Telephone Number		
Enclos	ed is a check for the following amount:		
<b>×</b> \$125.0	00 Filing Fee Status St		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

MED BASE LLC.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	::")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
2535 US Huy 1 South  St AUGUSTIVE FL  32086  ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  WAYNE Coulon  Name  2535 US Huy 1 South  Florida street address (P.O. Box NOT accepta)	Agent's Signature an individual of another PH 2: 21			
37 AUGUSTIN FL 32086	,			
City, State, and Zip				

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior

### **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

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.)

Whyne Gordon
Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)