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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Phone : (305)552-5973  
Fax Number : (305)220-1440

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RECEIVED  
10 MAY 21 PM 3:47  
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
MEDICAL MEDIA MARKETING, LLC.

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

A. LUNT  
MAY 24 2010  
EXAMINER

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical Media Marketing, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

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ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8764 S.W. 12 St. #106
Miami, FL 33174

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Vanessa Rodriguez
Name

8764 SW 12 St #106
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33174
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..

[Handwritten Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

Managing Member

Vanessa Rodriguez  
8704 SW 12 St #106  
Miami FL 33174

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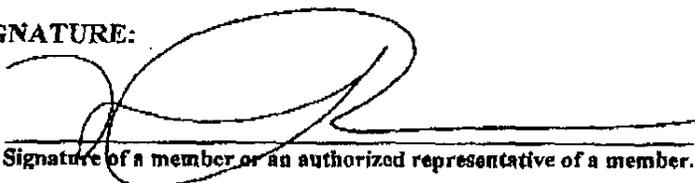
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/21/10 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

Vanessa Rodriguez  
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)

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