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From-WILLIAMSLAWFIRM

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383 Jun 24, 2010 08:00 AM

From:

Secretary of S : AGENTS AND CORPORATIONS, INC

Account Name

Account Number: I20010000112

Phone

: (302)575-0875

Fax Number

: (302)575-0925

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.

Certificate of Status	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE | - Name:

The name of the Limited Liability Company is: Diversified Medical Investment Solutions LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 15992 SE 179th Lane, Weirsdale, FL 32195.

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

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

Agents and Corporations, Inc. 300 Fifth Avenue South Suite 101-330 Naples, FL 34102 FILED Jun 24, 2010 08:00 AM Secretary of State

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.

Agents and Corporations, Inc.

Sy: John L. Williams, Vice President

ARTICLE IV - Management (Check box if applicable.) []

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V - Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Brian Freitag

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.)

Brian Freitag

Typed or printed name of signee