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FLORIDA LIMITED LIABILITY CO.

medGeeks.com LLC

| Certificate of Status | 0 |
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EXAMINER

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ARTICLES OF ORGANIZATION OF medGeeks.com LLC

ARTICLE I

NAME

The name of the limited liability company shall be: medGeeks.com LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 17019 SW 16th St, Pembroke Pines, Florida 33027.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Hachem Sultan, 17019 SW 16th St, Pembroke Pines, Florida 33027. Located in the County of Broward.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the manne and address of the member of the Limited Liability Company is:

Hachem Sultan, 17019 SW 16th St, Pembroke Pines, Florida 33027

Date: August 9, 2010

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717

608-827-5300

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FAX AUDIT # H100001848383

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: medGeeks.com LLC

The name and address of the registered agent and office is Hachem Sultan, 17019 SW 16th St, Pembroke Pines, Florida 33027. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:___

Machan Sultan

Date: 8.14.10

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