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**FLORIDA LIMITED LIABILITY CO.
MRE Medical, LLC**

Certificate of Status	0
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EXAMINER
8/23/2010

FAX AUDIT # H100001883783

ARTICLES OF ORGANIZATION
OF
MRE Medical, LLC

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ARTICLE I NAME

The name of the limited liability company shall be: MRE Medical, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
15810 Muirfield Drive, Odessa, Florida 33556.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Sarena Marques, 15810 Muirfield Drive,
Odessa, Florida 33556. Located in the County of Hillsborough.

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 names and
addresses of the members of the Limited Liability Company are:
Sarena Marques, 15810 Muirfield Drive, Odessa, Florida 33556
Viengphone Vongsyprasom, 15810 Muirfield Drive, Odessa, Florida 33556


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

Date: August 17, 2010

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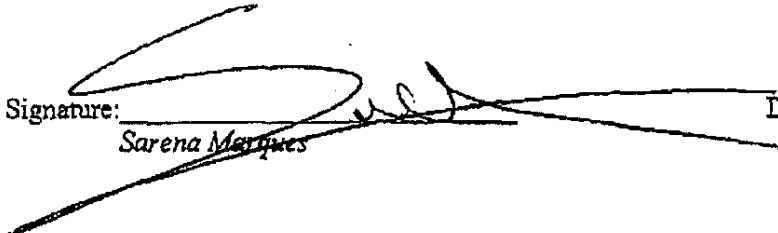
FAX AUDIT # H100001883783CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

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: MRE Medical, LLC

The name and address of the registered agent and office is Sarena Marques, 15810 Muirfield Drive, Odessa, Florida 33556. Located in the County of Hillsborough.

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: 

Sarena Marques

Date: 8/20/2010FAX AUDIT # H100001883783

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