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**FLORIDA LIMITED LIABILITY CO.  
ECHODATA MEDICAL SYSTEMS, L.L.C.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$155.00

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**S. HAWKES**

SEP 02 2010

**EXAMINER**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ECHODATA MEDICAL SYSTEMS, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4995 NW 72 AVENUE SUITE #205  
MIAMI FL. 33166

Mailing Address:

4995 NW 72 AVENUE SUITE #205  
MIAMI FL. 33166

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

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

FRANK TERAN  
4995 NW 72 AVENUE SUITE #205  
MIAMI FL. 33166

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

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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:**

Manager

**Name and Address**

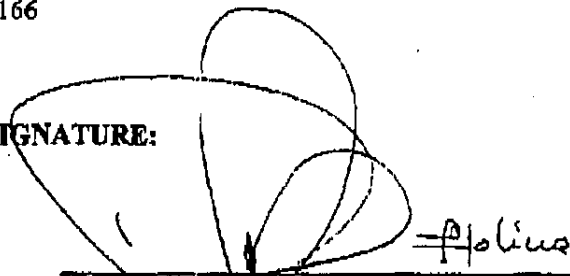
FRANK TERAN  
4995 NW 72 AVENUE SUITE #205  
MIAMI FL. 33166

Manager

LORENA MOLINA  
4995 NW 72 AVENUE SUITE #205  
MIAMI FL. 33166

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**REQUIRED SIGNATURE:**



Signature of 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)

FRANK TERAN

Typed or printed name of signer