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(((H10000210112 3)))



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To:

Division of Corporations ..

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)5\$2-5973

Fax Number : (305)220-1440

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. GLOBAL MEDICAL TECHNOLOGIES GROUP LLC

IVED	AH 6:28	OF STATE E. FLORIDA
RECEI	0 SEP 22	SECRE LARY

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155,00 D. BRUCE
SEP 23 2010
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ARTICLE I - Name:

## H10000210112

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		•
Global MEdical TECHNOLOGIES GROUP LL (Must end with the words "Limited Liability Company, "L.C.," on "LLC.")	C	
(Must end with the words "Limited Lisating Company, E.L.C.," of "LLC.")	12	
ARTICLE II - Address:		,
The mailing address and street address of the principal office of the Limited Liability Comp	any is:	
Principal Office Address: Mailing Address:		•
7210 RED Road # 2060 Same		
SOUTH MIAMI FL 33143		
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:  CRISTINA PERTIEPRA  Name  72/0 RED ROAD # 206 C  Florida street address (P.O. Box NOT acceptable)  South Miami Fr. 33143  City, State, and Zip		FILED

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..

Resistence Agent's September (RROUTRED)

(CONTINUED)
Page 1 of 2

## H10000210112

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:	
MERM		CRISTINA PERTIERPA 7210 RED ROAD # 206 SOUTH MIGMI FL 3214	C 3
			- SZOSET
			S 30 ANY
(Use attachme	ent if necessary)	Service of Andrews	AT .
effective date is	ive date, if other than to s listed, the date must e date of filing.)	the date of filing: (OPTIC t be specific and cannot be more than five business	
REQUIRED			
REQUIRED	Out	Parties an inchanged representative of a scember. member.	