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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

DEC 10 2010

EXAMINER

10 DEC 10 PM 2:41

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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DIVISION OF CORPORATIONS  
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CONTACT: Kim Weidenbach

DATE: 12/10/10

REF. #: 000409.138111

CORP. NAME: DOC USA, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 537764 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
DOC USA, LLC**

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**ARTICLE I: - Name**

The name of the Limited Liability Company is **DOC USA, LLC**.

**ARTICLE II: - Address**

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

**8095 N.W. 68<sup>th</sup> Street  
Miami, Florida 33166**

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

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

**NRAI Services, Inc.  
2731 Executive Park Drive  
Suite 4  
Weston, Florida 33331**

*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.*

NRAI Services, Inc.



Name: Michele Holden

Title: Assistant Secretary

**ARTICLE IV: - Management**

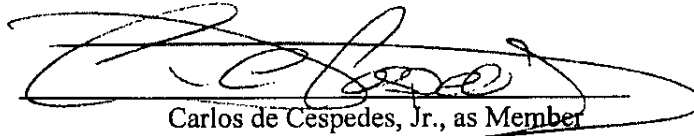
☐ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

**ARTICLE V: - Manager(s) or Managing Member(s)**

The name and address of each Managing Member is as follows:

MGRM                      Carlos de Cespedes, Jr.  
8095 N.W. 68<sup>th</sup> Street  
Miami, FL 33166

MGRM                      Alberto Perez  
2416 N. Greenway Drive  
Coral Gables, FL 33134

  
Carlos de Cespedes, Jr., as 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.)

Carlos de Cespedes, Jr.  
Typed or printed name of signee