

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

L. SELLERS

DEC 17 2010

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

EXAMINER

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

equipment 1317 c.a. llc

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

EQUIPMED 1317 C.A. LLC

ARTICLE I

**The name of the Limited Liability Company shall be:
EQUIPMED 1317 C.A. LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose
for which a limited liability company may be organized pursuant to
the Act.**

ARTICLE III

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

**335 SOUTH BISCAYNE BLVD
STE 1107
MIAMI, FL 33131**

ARTICLE IV

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

**PEDRO M. GALLINAR
6701 SUNSET DRIVE
STE 100
MIAMI, FL 33143**

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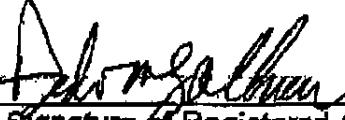
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

EQUIPMED 1317 C.A. LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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 of Registered Agent



Signature of a 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.)

PEDRO M. GALLINAR

Typed or printed name of signee

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