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| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS |
| DEC 2 0 2010 |

EXAMINER

Office Use Only



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LAW OFFICES

FRESHMAN & FRESHMAN, LLC

JERALD A. FRESHMAN LAWRENCE N. FRESHMAN ALLIE FRESHMAN

9155 SOUTH DADELAND BOULEVARD SUITE 1014
December 10, 2010 MIAMI, FLORIDA 33156

TELEPHONE (305) 670-1400 TOLL FREE (800) 317-8525 FAX (305) 670-1410

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Fla. 32314

Re: Articles of Organization Winnie Medical Concepts LLC

Gentlemen:

Enclosed is an original and one copy of the Articles of Organization together with check in the sum of \$160.00 for the filing fee and certified copy and Certificate of Status. Please mail the certified copy of certificate back to my office in the enclosed self-addressed stamped envelope.

Thank you for your prompt attention and assistance.

Very truly/yours

JERALD A. FRESHMAN

JAF: 1rq

Enclosures

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ARTICLES OF ORGANIZATION FOR WINNIE MEDICAL CONCEPTS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

WINNIE MEDICAL CONCEPTS, LLC

ARTICLE II - ADDRESS

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

Principal Office Address

Mailing Address:

5950 Sunset Drive

5950 Sunset Drive

Miami, Florida 33143

Miami, Florida 33143

ARTICLE III - REGISTERD AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

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

ZACHARY K. SEGAL 5950 Sunset Drive Miami, Florida 33143

Having been named as registered agent and to accept service of process for the above stated limited liability company it this 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 - Zachary K. Segal

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

Title:

Name and Address:

MGR

Zachary K. Segal 5950 Sunset Drive Miami, Florida 33143

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of Limited Liability Company, this day of December, 2010.

ZACHARY K. SEGAL, MGR

(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).