Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072 Phone

: (954)389~0729

Fax Number

: (954)337-8346

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

Email Address: 10+00 wes tong. Com

FLORIDA LIMITED LIABILITY CO. LOGISTIC MEDICAL SUPPLIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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JAN 0 6 2011 01/05/11

https://efile.sunbiz.org/scripts/efileovr.exe

ARTICLE I - Name: The name of the Limited Liability Company is: LOGISTIC MEDICAL SUPPLIES LLC (Must end with the words "Limited Liability Company. "L.L.C.," or "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: 9383 NW 13TH STREET SAME MIAMI. FL 33172 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: WESTON CORPORATE ADMINISTRATION LLC Name 2625 WESTON ROAD Florida street address (P.O. Box NOT acceptable) FL 33331 WESTON City, State, and Zip

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.

Signature (REQUIRED)

V

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Name and Address:
Jhony Bernardo Mijares
9383 NW 13TH STREET
MIAMI, FL 33172
Ana Celis de Mijares
9383 NW 13TH STREET
MIAMI, FL 33172
Jhony Bernardo Mijares
9383 NW 13TH STREET
MIAMI, FL 33172
Ana Celis de Mijares
9383 NW 13TH STREET
MIAMI, FL 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2011 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jhony Bernardo Mijares
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)