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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

: (305)633-9696

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

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## FLORIDA LIMITED LIABILITY CO.

**USA Medicare Solutions, LLC** 

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EMPIRE CORP KIT

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name

USA Medicare Solutions, LLC

Article II - Address:

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

2308 Green Meadow Drive Lutz, FL 33549



Article III - Registered Agent, Registered Office, & Registered Agent's Signature

Saul B. Lipson 1515 University Drive Suite 222 Coral Springs, Florida 33071

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.

Registered Agent's Signature

Article IV - Manager(s) or Managing Member(s)

Title: MRGM Name and Address:

Joseph Egosi

2308 Green Meadow Drive

Lutz, FL 33549

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Article V - Management (Check box if applicable.)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -- managed company.

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 on affirmation under the panalties of perjury that the facts stated herein are true.)

Joseph Egosi

Typed or printed name of signee

