

L11000062079

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000139347 3)))



H110001393473ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 25 AM 10:24

FILED

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

Email Address: mzonana@reliancemeds.com

FLORIDA LIMITED LIABILITY CO.
USAMedCard, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

A. LUNT

MAY 26 2010

EXAMINER

RECEIVED
11 MAY 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H11000139347 3

**Articles of Organization
Of
USAMedCard, LLC**

ARTICLE I - Name:

The name of the limited liability company is USAMedCard, LLC.

ARTICLE II - Address:

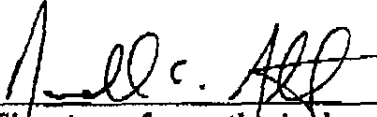
The street and mailing address of the principal office of the limited liability company is:

18181 NE 31st CT 2404
Aventura, Florida 33160

ARTICLE III - Management:

The limited liability company is to be managed by a manager or managers. The initial managers shall be Moses Zonana and Brian Fox.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 25th day of May 2011.



Signature of 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.)

Darrell C. Smith
Typed or printed name of signee

H11000139347 3

FILED
2011 MAY 25 AM 12:46
TALLAHASSEE, FLORIDA

H11000139347 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is USAMedCard, LLC.
2. The name and the Florida street address of the registered agent are:

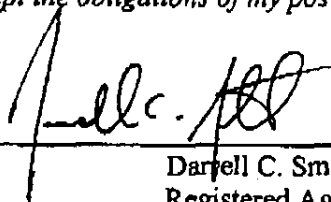
Darrell C. Smith
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 MAY 25 AM 10:29

FILED

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.



Darrell C. Smith,
Registered Agent

H11000139347 3