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(((H11000253291 3)))



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FLORIDA LIMITED LIABILITY CO.

Plazmed LLC

Certificate of Status	1
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Page Court	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR LORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name The name of the Limited Liability Company is: Plazmed 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: 6285 North Ocean Boulevard 6285 North Ocean Boulevard Ocean Ridge, FL 33435 Ocean Ridge, FL 33435 ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are: Dan Marantz 6285 North Ocean Boulevard (P.O. Hox or Mail Drop Box NOT Acceptable) Ocean Ridge, Ft. 33435 (Chy / State / 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 grid accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

-_Dan Marantzi

Registered Agent's Signature

ARTICLE IV - Manager(s) of The name and address of each Man	r Managing Member(s): ager or Managing Member is as follows:	H11000253291
Title: "MGR" ~ Manager "MGRM" ~ Managing Member	Name and Address:	
MGRM	Dan Marantz - 1 Stintsick East, Pod	Washington, NY 11050
(Use attachment if necessary)		
REQUIRED SIGNATURE:	Wat Marco	
Signature	of a member of authorized representative	of a member.
	or with section 608.408(3), Florida Statute astitutes an affirmation under the penaltic are true,)	
	Dan Merantz	2011 OCT SECRETI
	Typed or printed name of signee	OCT 21 M 8 2 RETARY OF STATE AHASSEE, FLORE