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

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

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FLORIDA LIMITED LIABILITY CO.

Total Diabetes Supply, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

**ARTICLES OF ORGANIZATION
OF
TOTAL DIABETES SUPPLY, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is Total Diabetes Supply, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 1080 Holland Drive, Suite 3, Boca Raton, Florida 33487.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the initial managers who are to serve as managers are:

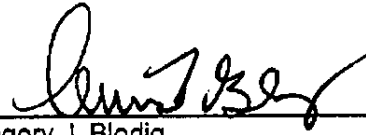
Eric Chirinsky
1080 Holland Drive
Suite 3
Boca Raton, Florida 33487

Benjamin White
1080 Holland Drive
Suite 3
Boca Raton, Florida 33487

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Whereof, the undersigned member has executed these Articles the 25th day of May, 2012.



Gregory J. Blodig,
Authorized Representative of Member

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Total Diabetes Supply, LLC
2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")
100 W. Cypress Creek Road, Suite 700
Fort Lauderdale, Florida 33309

By: _____


Gregory J. Blodig, For the Firm

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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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.



Gregory J. Blodig, For the Firm

(Signature)

May 25, 2012

(Date)