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**FLORIDA LIMITED LIABILITY CO.**

**MVP Medical LLC**

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**EXAMINER**

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**ARTICLES OF ORGANIZATION  
OF  
MVP Medical LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: MVP Medical LLC

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
5009 S. Shorecrest Cir, Tampa, Florida 33609.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

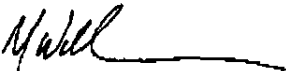
The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

**ARTICLE IV            DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:  
Stefano Lazzara, P.O. Box 320294, Tampa, Florida 33679



Date: September 19, 2012

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: MVP Medical LLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E.  
Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated  
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.

Signature: 

Mark Williams, A.V.P. *Business Filings Incorporated*

Date: *September 19, 2012*

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