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

OCT 10 2012
L. SELLERS

From:
Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

Email Address:

This organization will start operating on January 1st, 2013

FLORIDA LIMITED LIABILITY CO.
MEDWISE DISTRIBUTOR, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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H12000244886 3.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

MEDWISE DISTRIBUTOR, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MEDWISE DISTRIBUTOR, LLC.

ARTICLE II - ADDRESS

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

4471 NW 36 ST # 239
MIAMI SPRING, FL. 33166

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

JUAN J. CASADEVALLE

4471 NW 36 ST # 239
Florida street address (P.O.BOX NOT acceptable)

MIAMI SPRING, FL. 33166
City, State, and Zip

THIS ORGANIZATION WILL START OPERATING ON JANUARY 1ST, 2013.

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

H12000244863

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..

X _____
REGISTERED AGENT'S SIGNATURE

ARTIOLE IV- MANAGEMENT

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

JUAN J. CASADEVALLE — **MANAGER**
4471 NW 36 ST # 239
MIAMI SPRING, FL. 33166

CLAUDIO I. GONZALEZ CARRASCO — **MANAGER**
4471 NW 36 ST # 239
MIAMI SPRING, FL. 33166

ROBERT TORRES — **MANAGER**
4471 NW 36 ST # 239
MIAMI SPRING, FL. 33166

(An additional article must be added if an effective date is requested)

X _____
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 an affirmation under the penalties of perjury that the facts stated herein are true.)

JUAN J. CASADEVALLE
Typed or printed name of signee

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