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**FLORIDA LIMITED LIABILITY CO.
DOLPHIN MEDICAL RESEARCH, LLC.**

Certificate of Status	1
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November 6, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: DOLPHIN MEDICAL RESEARCH, LLC.
REF: W12000056279

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H12000264240
Letter Number: 612A00026928

H12000264240

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Dolphin Medical Research, LLC.
(Must end with the words "Limited Liability Company," "L.L.C.," or "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:**6595 NW 36st Ste C-202
VIRGINIA GARDENS, FL
331666595 NW 36st Ste C-202
VIRGINIA GARDENS, FL
33166**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ADRIAN NOYA
Name6595 NW 36st Ste C-202.
Florida street address (P.O. Box **NOT** acceptable)
VIRGINIA GARDENS FL 33166
City, State, and 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H12000264240

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" - Manager

"MGRM" - Managing Member

MGRM**Name and Address:**ADRIAN NOYA
6595 NW 36th STE C-202
VIRGINIA GARDENS, FL 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

ADRIAN NOYA

Typed or printed name of signer

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