

**C13000028077**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000042265 3)))



H130000422653ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
NOVOMEDICA LATIN AMERICA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FEB 25 2013  
T CLINE

RECEIVED  
13 FEB 22 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I: Name**

The name of the Limited Liability Company is:

NOVOMEDICA LATIN AMERICA LLC

**ARTICLE II: Address:**

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

2441 N.W. 93<sup>RD</sup> AVENUE, SUITE 103B  
DORAL, FL 33172

**ARTICLE III: Registered Agent, Office, and Agent's Signature:**

JOSE A TORRES

10305 NW 41<sup>ST</sup> STREET, SUITE 116  
DORAL, FL 33178

*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 provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

**PREPARED BY:  
JN ACCOUNTING AND TAX SERVICE, INC.  
10305 N.W. 41<sup>ST</sup> STREET, SUITE 116  
DORAL, FL 33178**

2013 FEB 22 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV: Management**

The Company is to be managed by the managers, and the names and address of such managers who are to serve as Managers/Members are:

CESAR RODRIGUEZ NICOLINO - AV. JOSE MARIA FERNANDES 860, APT 62  
MGRM SAO PAULO, SP

ALESSANDRO RODRIGUEZ NICOLINO - RUA ACAJU 451, SAO PAULO, SP  
MGRM

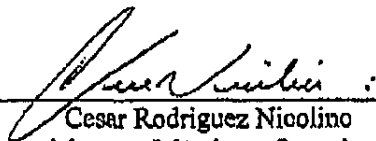
**ARTICLE V: Amendment of Article of Organization**

The company reserves the right to amend, alter, change, or repeal any provisions contained in these articles of organizations in the manner now or hereafter prescribed by statute and all rights conferred upon Members herein are granted subject to this reservation.

Date: February 20, 2013

2013 FEB 22 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

  
Cesar Rodriguez Nicolino  
Manager/Member - Organizer