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TO:

COVER LETTER

Division of Co	orporations		
SUBJECT: XDG Te	chnologies, LLC		
Sebucer.		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
Carlos Hond	al		
		Name of Person	
XDG Techno	alogies II C		
ADG Technic	nogles, LLO	Firm/Company	
525 Hardee	Rd.		
		Address	
Coral Gables	s, FL. 33146		
	Cit	y/State and Zip Code	
chondal@co			
	E-mail address: (to be used to	for future annual report notification)	
For further information concerning this matter, please call:		SECRETARY SINGLESS OF	
0 1 1/ 11			
Carlos Hondal	of Person	at (305) 666-7805 Area Code & Daytime Tele	631 6
Name	of Person	Area Code & Daytime Tele	pnone Number
Enclosed is a check for	or the following amount:		<u> </u>
	-		$\mathbb{R}^{\frac{2\pi}{2}}$ ω
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & ■ Certified Copy	1 \$160.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	,
XDG Technologies, LLC (Must end with the words "Limited Liability")	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1001 Brickell Bay Drive	525 Hardee Rd.
STE 3000 (c/o: AFC Group) Miami, FL. 33131	Coral Gables, FL. 33146
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Alex Ferrer, Esq.	red Agent. You must designate an individual or another
1001 Brickell Bay Dr., STE	
	ess (P.O. Box NOT acceptable)
Miami, FL. 33131	FL e, and Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. Lfurther agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

i	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
	MGRM	Dr. Juan Carlos Roig, M.D. 5001 S.E. 11th Ave. Ocala, FL. 34480		
	MGR	Debra Roig 5001 S.E. 11th Ave. Ocala, FL. 34480		
	MGR	Carlos Hondal 525 Hardee Rd. Coral Gables, FL. 33146		
	MGR	Alex Ferrer 1001 Brikell Bay Dr., STE 3000 (AF Miami, FL. 33131	-C Grc	
ARTIC	(Use attachment if necessary) LE V: Effective date, if other than the dat ffective date is listed, the date must be or 90 days after the date of filing.)			ys
	REQUIRED SIGNATURE:	Harala .		
	(In accordance with section 608.408 constitutes an affirmation under the	an authorized representative of a member. (3), Florida Statutes, the execution of this documenatities of perjury that the facts stated herein a n submitted in a document to the Department of provided for in s.817.155, F.S.)	are true.	
	Carlos Hondal			
	Typed	or printed name of signee		
	Filing Fees:	\frac{1}{1}	3 1 9-	i Mer Mer
	\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation	6 1 5 3	1