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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
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: _____

RECEIVED
14 JAN 13 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
DUNNIA MEDICAL SOLUTIONS, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 13 AM 9:51

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

DUNNIA MEDICAL SOLUTIONS, LLC

ARTICLE II- Address:

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

Principal Office Address:

5728 Major Blvd., Ste. 602
Orlando, FL 32819

Mailing Address:

5728 Major Blvd., Ste. 602
Orlando, FL 32819

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's

Signature:

The name and the Florida street address the registered agent is:

BARRY N. BRUMER

Name

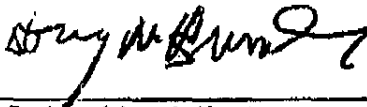
7055 SOUTH KIRKMAN ROAD, SUITE 116

Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819

City, State, and Zip

Having been named as registered agent 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 positions as registered agent as provided for in Chapter 605 Florida Statutes.



Registered Agent's Signature

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ALLAHASSEE, FLORIDA

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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

Name and Address:

MGRM

Michel Chamon

5728 Major Blvd., Ste. 602
Orlando, FL 32819

MGR

Dunnia Assessoria Empresarial, LTDA-ME

SHIS QI 3 - Bloco H - Edificio Rio Doce,
102 - Lago Sul
Brasilia, DF - Brasil - 71605-470

(Use attachment if necessary)

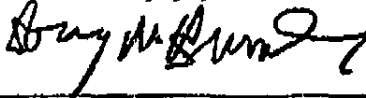
NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Typed or printed name of signer