

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000005017  
FILED 8:00 AM  
January 09, 2015  
Sec. Of State  
bbostick

**Article I**

The name of the Limited Liability Company is:

NALIMED SOLUTIONS LLC

**Article II**

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

3530 MYSTIC POINTE DR  
3102  
AVENTURA, FL. US 33180

The mailing address of the Limited Liability Company is:

3530 MYSTIC POINTE DR  
3102  
AVENTURA, FL. US 33180

**Article III**

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

ORNA A BEER  
5750 COLLINS AVENUE  
4D  
MIAMI BEACH, FL. 33140

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.

Registered Agent Signature: ORNA BEER

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
RIVKA BEER  
3530 MYSTIC POINTE DR  
AVENTURA, FL. 33180 US

Title: MGR  
ORNA A BEER  
5750 COLLINS AVENUE  
MIAMI BEACH, FL. 33140 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

01/12/2015

Signature of member or an authorized representative

Electronic Signature: RIVKA BEER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.