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Division of Corporations

Fax Number : (850)617-6381

From;

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email	Address:							
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FLORIDA LIMITED LIABILITY CO. **EZMEDHISTORY LLC**

Certificate of Status Certified Copy 0 Page Count 03 \$130.00 Estimated Charge

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	nited Liability Company is: Must end with the word	s "Limited Liability Company,
	EZMEDI	HISTORY LLC
ARTICLE II The mailing add Company is:	ss and street address of the principal office of	
	6440 SW 57PL	the Limited Madning
-	South Miami FL	
<u></u>	33143	18 PH 12: 10
The name and t	Florida street address of the registered agent sits own Registered Agent. You must designate an individual gistration.) Andos Revilla	ATE: (The Limited Linkility)
<u>64</u> 0		outh Miami FL
3	43	
ARTICLE IV- The name and t Liability Compa	of each person authorized to manage and con: Carlos Revilla (f	_

H1600009597.6

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.

Typed or printed name of signee

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 605, F.S..

Registered Agent's Signature (REQUIRED)