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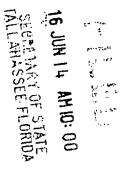
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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	MedExp, LLC
	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please reti	urn all correspondence concerning this matter to the following:
	Mary Badir
	Name of Person
	Firm/Company
	10570 NW 21st Street
	Address
	Sunrise, FL 33322
	City/State and Zip Code MedExpLLC@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Mary Badir 754 244 - 0406
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
]\$ 125.00 F	Siling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MedExp, LLC			
(Must end	with the words "Limited Liab	oility Company, "L.L.C.," or "LLC."	
ARTICLE II - Address:		on the string of	
he mailing address and street a	ddress of the principal office	of the Limited Liability Company is:	
<u>Princip</u>	al Office Address:	Mailing A	<u>ldress</u> :
10570 NW 21st Stree	et	10570 NW_21st Street	
Sunrise, FL 33322		O ' ET 2000	
ARTICLE III - Registered Ag The Limited Liability Company	cannot serve as its own Regi	Sunrise, FL 33322 egistered Agent's Signature: stered Agent. You must designate ar	individual or
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an	cannot serve as its own Regi active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate ar	individual or
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an	cannot serve as its own Regi active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate ar	individual or
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an	y cannot serve as its own Reginactive Florida registration.) address of the registered ager	egistered Agent's Signature: stered Agent. You must designate ar nt are:	16 JUN 14 SLOKE TARY TALLAHASSI
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Reginactive Florida registration.) address of the registered ager Mary Badir	egistered Agent's Signature: stered Agent. You must designate ar nt are:	16 JUN 14 SLOKE TARY TALLAHASSI
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an	y cannot serve as its own Reginactive Florida registration.) address of the registered ager Mary Badir National Registered National Registered Ager	egistered Agent's Signature: stered Agent. You must designate ar nt are:	16 JUN 14 SLOKE TARY TALLAHASSI
ARTICLE III - Registered Ag	y cannot serve as its own Reginactive Florida registration.) address of the registered ager Mary Badir Nation 10570 NW 21st Street	egistered Agent's Signature: stered Agent. You must designate ar nt are:	individual or SLC STATE STATE SLC STATE STATE FLORIDA

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)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Nader Henry
	2469 SE 10th Ct.
	Pompano Beach, FL 33062
AMBR	Mary Badir
	10570 NW 21st Street
	Sunrise, FL 33322
	
ctive date is listed, the date must b f filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the ective date is listed, the date must he filing.) the date inserted in this block does nent's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
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E V: Effective date, if other than the ctive date is listed, the date must he filing.) the date inserted in this block does nent's effective date on the Department's effective date of the Dep	e specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be ment of State's records.
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E V: Effective date, if other than the ective date is listed, the date must he filing.) the date inserted in this block does ment's effective date on the Department's effective date of the Department's effective date on the Department's effective date of the De	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

ARTICLE IV-