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Florida Department of State
Division of Corporations
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Division of Corporations
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TALLAHASSEE, FLORIDA

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Email Address: MJSHENKER@SZM-CPA.COM

**FLORIDA LIMITED LIABILITY CO.
MEDICAL UNITED LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical United LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:1350 Covey Ct.
Venice, FL 34293Mailing Address:1350 Covey Ct.
Venice, FL 34293

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Andrew Cetti

Name

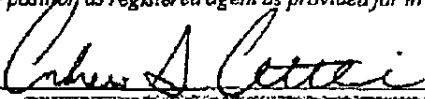
1350 Covey CTFlorida street address (P.O. Box NOT acceptable)VeniceFlorida34293

City

State

Zip

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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Andrew Cetti

1350 Covey CT

Venice, FL 34293

AMBR

Field Medical LLC

7 Emily Court

Demarest, NJ 07627

AMBR

Pascal Demetz

1484 NE 57 PL.

Fort Lauderdale, FL 33334

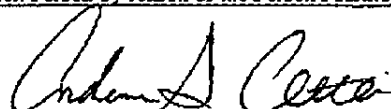
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

To the fullest extent permitted under the laws of the State of Florida, the limited liability company may indemnify and hold harmless its members and former members with respect to any claim or demand against such Person and a debt, obligation or other liability incurred by such Person by reason of the Person's former or present capacity as a member.REQUIRED SIGNATURE:Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Andrew Cetti

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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