

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

L17000236447
FILED 8:00 AM
November 13, 2017
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

QMED, LLC

Article II

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

3801 SW 30TH AVE
FT. LAUDERDALE, FL. US 33312

The mailing address of the Limited Liability Company is:

3801 SW 30TH AVE
FT. LAUDERDALE, FL. US 33312

Article III

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

Q-MED CORPORATION
3801 SW 30TH AVE
FT. LAUDERDALE, FL. 33312

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: QMED CORPORATION

Article IV

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

Title: MGR
QMED CORPORATION
3801 SW 30TH AVE
FT. LAUDERDALE, FL. 33312 US

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Article V

The effective date for this Limited Liability Company shall be:

11/11/2017

Signature of member or an authorized representative

Electronic Signature: JOAQUIN A. LORIE

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.

QMED

CORPORATION

ISO 9001:2008 Certified

Affidavit of OwnershipSTATE OF Florida
COUNTY OF FranklinThe undersigned, Joaquin A. Lore, being duly sworn, hereby deposes and says:

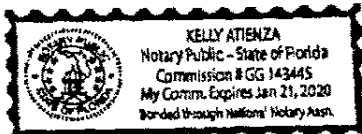
I am an authorized representative for QMED Corporation, as such, I am requesting registration for a new entity with a similar name for purposes of processing payroll. The name of the entity is QMED LLC.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

<u>Joaquin A. Lore</u>	<u>11-15-17</u>
Signature	Date
<u>Joaquin A Lore</u>	<u>V/P</u>
Name (type)	Title (type)

Sworn to (or affirmed) and subscribed before me this 15 day of Nov., 2017, by Joaquin Lore

(NOTARY SEAL)

Print Name: Kelly Atienza
Notary Public in and for the County and State last aforesaid.
My Commission Expires: 01/21/2020
Serial No., if any: GG 143445Personally known ☒ OR Produced Identification _____
Type of Identification Produced _____