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To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

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FLORIDA LIMITED LIABILITY CO. PALM BEACH MED SUPPLIES LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: Usust end with the words "United Liability Company, "LLC." or 71.6."

Palm Beach Med Supplies LLC

ARTICLE II - Address:

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

2101 vista parkway suite 122 west palm beach FL 33411

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Limbing Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Georges Chahoud 2101 Vista Parkway suite 122 WPB FL 33411

ARTICLE IV-

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

Georges Chahoud -AMBR

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Required Signatures:

3052201440



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.

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)

