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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

**Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please, ** > 20

TUCKER.THONI@GRAY-ROBINSON.COM Email Address:

> FLORIDA LIMITED LIABILITY CO. MEDLAW INVESTMENTS, LLC

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T. MATTHEWS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE, FL

ARTICLE I Name

The name of this Limited Liability Company is: MEDLAW INVESTMENTS, LLC

ARTICLE II Address

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

315 East Pine Street, Suite 1400 Orlando, Florida 32801

ARTICLE III Purpose

This Limited Liability Company is organized for the purposes of any lawful business under Chapter 605, Florida Statutes.

ARTICLE IV Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability
Company is:

Tucker Thoni, Esquire GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, Florida 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

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REGISTERED AGENT'S SIGNATURE

Tucker Thoni, Esquire

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 fulse information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes

AUTHORIZED REPRESENTATIVE'S SIGNATURE

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