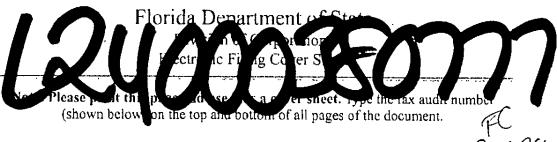
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Division of Corporations



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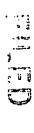
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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# FLORIDA LIMITED LIABILITY CO. MEDTRAVELGROUP LLC

Certificate of Status	0		
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# \*Articles of Organization

State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla. Stat:

# Article I - NAME

The name of the Limited Liability Company is as follows: Medtravelgroup LLC

## Article II - TYPE

The entity being formed is a Limited Liability Company.

#### Article III - ADDRESS

The street address (principal office address) for the Limited Liability Company are as follows:

Limited Liability Company Address:

6501 PARK COMMERCE BLVD. OFFICE 226 BOCA RATON, FL 33487

The mailing address for the limited liability company are the same.

## Article IV - REGISTERED AGENT INFORMATION

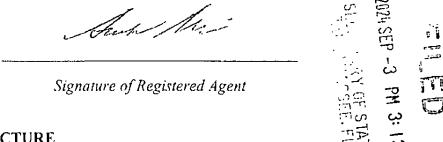
The name and address of the registered agent are as follows:

SHABAN MALIK

5300 W HILLSBORO BLVD. SUITE 218 COCONUT CREEK, FL 33073

The street address and the mailing address of the registered agent are the same.

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. Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.



## Article V - STRUCTURE

This limited liability will have the following members and be member-managed:

GORKEM URAZ

6701 PORTSIDE DR.

BOCA RATON, FL 33496

Manager/Member

BASAR CETIN

ACIBADEM MAH. FAIKBEY MESCIDI STREET

NO: 8/2 KADIKOY ISTANBUL

Manager/Member

• IBRAHIM KUZU

161 NEW ROAD CHINGFORD,

LONDON E4 9EZ UNITED KINGDOM

Manager/Member



# Article VI - EFFECTIVE DATE

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

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Signature of organizer:

Augh Min

Printed name of organizer:

SHABAN MALIK

Title of organizer:

CPA

Statement of signatory:

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.