Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 128000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future-

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annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. SABER MED

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Help

ARTICLES OF ORGANIZATION FOR FLOREDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words Timited Liability Company, "LLC." or "LLC.")

SABER MEDILLO

ARTICLE II - Address:

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

3990 W. Flagler St.

Ste 101

Miami-

Florida; 33134

ARTICLE III - Registered Agent, Registered Office:

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

Alejandro Montorro

924 Aduana

: Coral-Gables, FL 33142. .

ARTICLE IV-

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

Josefina E. Bonet AMBR

Alejandro Montorro MGR

Required Signatures.

Signature of a meniber 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 amagyare that any talse information submitted in addocument to the Department of State constitutes a third degree felony as provided for in \$17.55; RS:

Josefina E Bonet

Typed or printed name of signee

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)