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Florida Department of State
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LIMITED LIABILITY COMPANY

Medical Excellence LLC

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
Medical Excellence LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the limited liability company shall be: Medical Excellence LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 642 Stanton Drive, Weston, Florida 33326. Located in County of USA.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS


The name and address of the initial registered agent is: Katty Arzola, 642 Stanton Drive, Weston, Florida 33326-_. Located in the County of Broward.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2039

ARTICLE V MANAGERS

The management of the limited liability company is reserved for the managers and the name and address of the managers of the Limited Liability Company are:
Lizzy Marreo, Calle Dr. Tio #35-a, San Pedro De Macoris, Dominican Republic
Lucia Reyes Torres, Pasaje Acosta #106, Lara, Socabaya, Arequipa, Peru


Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madison, WI 53717.
(608) 827-5300.

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NOV-23-99 11:50 FROM-BUSINESS SERVICES

Date: 11/19/99 Time: 1:09:20 PM

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T-210 P.02/02 F-523

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: Medical Excellence LLC

The name and address of the registered agent and office is: Katty Arzola, 642 Stanton
Drive, Weston, FL 33326.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: 
Katty Arzola

Date: 11/19/99

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TALLAHASSEE, FLORIDA

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