M010000000034 867 Tim Tam Trail

Tallahagoo 17232309 8937760
City/State/Zip Phone #

CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	AMD X LLC (Corporation Name)	(Document #)	DIV1S
2.	(Corporation Name)	(Document #)	100 26 100 26
3.	(Corporation Name)	(Document #)	26 AM ID: 30
4	(Corporation Name)	(Document #)	The state of the s
	Walk in Pick up time	<u> </u>	Certified Copy
	Mail out Will wait	Photocopy 201	Certificate of Status
			-11/26/0101019007
	NEW FILINGS	<u>AMENDMENTS</u>	****155.00 ****155.00
	NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger	*****155.00 *****155.00 Officer/Directors Agent Al APPRO AP
	Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw	*****155.00 *****155.00 Officer/Directors Agent Al APPROVE ARCH AND ARCH AND APPROVE ARCH AND ARCH ARCH AND ARCH ARCH ARCH ARCH ARCH ARCH ARCH ARCH

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	AMDX LLC							
(Name of foreign limited liability company)								
2	Delaware 3. 65-115040/							
(,	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)							
•								
4.	TPRIL 26,2-00 5. [2-Petus] (Date of Organization) 5. [Duration! Year limited liability company will cease to							
	exist or "perpetual")							
6.	Il pour qualification	-						
υ.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)							
7.	3075 N.W.1071 Avenue 5 5 5	_						
	M > F(2217)							
	(Street address of principal office)							
	Ecg 5							
8.	(Street address of principal office) If limited liability company is a manager-managed company, check here							
_								
9.	The name and usual business addresses of the managing members or managers are as follows:							
	C.M. de Cespedos - 3075 N.W. 107th Avenue - Miami, FL 33172							
	1-L-de Cesardos							
	B.V. Perez " " " " "							
	Cirl Sanchoz							
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	a —						
11.	. Nature of business or purposes to be conducted or promoted in Florida: Wholesalo distribu	uo u						
	of medical (surgical and plusical rehabilitation supplies & equipment.							
	Signature of a member or an authorized representative of a member.							
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)							
Charles J. Sanchez								
Typed or printed name of signee								

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
AMOX LLC			
2. The name and the Florida street address of the registered agent and office are:			
Charles J. Sanchez (Name)	_	-	
3075 N. (U. 107 th AVENUE Florida street address (P.O. Box NOT ACCEPTABLE)	SECRET	0 M	٤
Miami, FL 35172 City/State/Zip	ary of state ssee, floaid	26 AM IO: 38	
Having been named as registered agent and to accept service of process for the above sta			

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 608, F.S..

Signature)

\$100.00 - Filing Fee for Application

\$ 25.00 Designation of Registered Agent

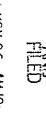
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMDX LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF NOVEMBER, A.D. 2001.

SECRETARY OF STATE
SECRETARY OF STATE





Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1457281

DATE: 11-20-01

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