

Division of Corporations

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A.
Account Number : 075154001651
Phone : (321) 727-8100
Fax Number : (321) 984-4122

LIMITED LIABILITY COMPANY

PNEUMOFLEX SYSTEMS, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **PNEUMOFLEX SYSTEMS, LLC**

ARTICLE II - Address:

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

101 East Florida Avenue
Melbourne, Florida 32901

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

John R. Kancilia, Esq.
Name

c/o Gray, Harris & Robinson, P.A.
1800 West Hibiscus Blvd., Suite 138
Florida street address (P.O. Box **NOT** acceptable)

Melbourne, FL 32902
City, State, and Zip

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]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William R. Addington, D.O.
Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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TALLAHASSEE, FLORIDA