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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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12-03-02

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November 26, 2002

Department of State
Division of LLC
P.O. Box 6327
Tallahassee FL 32314

Ref: Specialty Medical Systems of Florida, LLC

Dear Sir or Madam :

Enclosed is our application to register the above business as a Florida LLC.
Our check for \$ 125.00 is also enclosed to cover the filing fee and designation of
registered agent.

If there are any questions, please call Gene Armentrout at 800/945-4767.
Thank you for your attention.

Yours very truly,



Mike Armentrout
Specialty Medical Systems
1911 Broadway
Kansas City MO 64108

*P.S. Our separate check
for \$ 30 - for a certified
copy is also enclosed*

CELING PARRY JR. CLERK
TALLAHASSEE, FLORIDA

02 DEC -2 AM 10:24

APPLIC
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Specialty Medical Systems of Florida, LLC

ARTICLE II - Address:

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

4515 Cheval Blvd., Lutz, FL, 33558

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

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

MICHAEL A. Yurocko
Name
4515 Cheval Blvd., Lutz, FL, 33558
Florida street address (P.O. Box **NOT** acceptable)
Lutz FL 33558
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.

Michael A. Yurocko
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Michael J. Armentrout
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.)

Michael J. Armentrout
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)

02 DEC -2 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED