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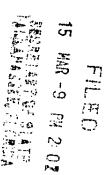
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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M. MILLIGAN EXAMINER

MAR 2 6 2015

## COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT: <u>Kendall</u>	Durable Medical Equipme Name of Lin	ent, LLC	
The en	closed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	<u>Vickie Si</u>	ver	Name of Person	
	Kendali [	Ourable Medical Equipmen	t, LLC Firm/Company	
	13501 S	W 136th Street Suite 202	Address	
	<u>Miami, Fl</u>		ity/State and Zip Code	
<u>B</u> 1	MSILVER@BI	ELL SOUTH NET	d for future annual report notifica	ntion)
For fur	ther informatio	n concerning this matter, plea	ise call:	
Vickie		at (3	305 ) <u>251-5655</u> Area Code Daytime Tel	lephone Number
Enclose	ed is a check fo	r the following amount:		
□ \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ACTACH VALLATION OF CALLACIAN	MDALMILD LABOUR I COM AN	
ARTICLE I - Name: The name of the Limited Liability Company is:		
Kendall Durable Medical Equipment, LLC (Must and with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi-	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
13501 SW 136th Street STE 202	13501 SW 136th Street STE 202	
Miaml, Fl 33186	Miami, Fl.33186	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an )	individual or
The name and the Florida street address of the registered a	gent are:	
Eric <u>A Jacobs, ESQ-Beloff, Par</u> Name	ker, Jacobs	
1691 Michigan Ave, Ste 360 Florida street address (P.O. Box)	NOT acceptable)	
Miami Beach	FL , 33139	
City	Zip	
	the appointment as registered agent and fall statutes relating to the proper and cogations of my position as registered agents (AS, F.S.	ourse to act in this
Registered Agent's Signat	ure (REQUIRED)	
(CONTINUI	ED)	केंद्र ज
Page 1 of 2		HAR -9 PH

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Strate Char
AMBR	Vickle Silver 13501 SW 136th Street STE 202
	Miami, Ft 33186
Rective date is listed, the date must be of filing.)	date of filing:(OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
LEV: Effective date, if other than the	date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days .
LEV: Effective date, if other than the ffective date is listed, the date must e of filing.)	date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the flective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOURED SIGNATURE:	he specific and cannot be more than five business days prior to or 90 days
ILE V: Effective date, if other than the Hective date is listed, the date must be of filing.)  ILE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third decrease of the section of	a member or an authorized representative of a member.  in 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true.  information submitted in a document to the Department of State  information submitted for in s. 8.17.155. F.S.)
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