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Fox Rothschild ^{LLP}
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August 15, 2019

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Angeion Group International, LLC

Dear Sir or Madam:

Enclosed please find a Articles of Organization for the above caption limited liability company for filing. Also enclosed is a check payable to the Florida Department of State in the amount of \$125.00 for the filing fee.

Please return the a copy of the filed document to me.

If you have any questions or comments, please feel free to contact me.

Very truly yours,

GABRIEL B. HERMAN

GBH/lr
Enclosures

COVER LETTER

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TO: New Filing Section
Division of Corporations

SUBJECT: ANGEION GROUP INTERNATIONAL, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriel Herman, Esq.
Name of Person
Fox Rothschild LLP
Firm/Company
2000 Market Street, Suite 2000
Address
Philadelphia PA 19103
City/State and Zip Code
gherman@foxrothschild.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Herman, Esq. 215 444-7338
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANGEION GROUP INTERNATIONAL, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1650 Arch Street, Suite 2210
Philadelphia, PA 19103

1650 Arch Street, Suite 2210
Philadelphia, PA 19103

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

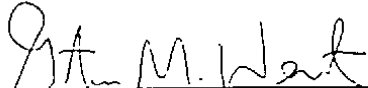
The name and the Florida street address of the registered agent are:

Steve Weisbrot
Name

11555 Heron Bay Boulevard, Suite 200
Florida street address (P.O. Box **NOT** acceptable)

Coral Springs Florida 33076
City State 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

Name and Address:

Christopher Chimieles

Steven Weisbrot

Michael J. Trudgeon

Jeffrey Palazzese

MBR

MBR

MBR

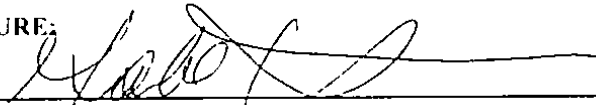
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/19/2019, (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gabriel B. Herman

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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