20013504

**CT** Corporation System 660 East Jefferson Street Tallaha 850-22

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Tallahassee, FL 323		
850-222-1092		0003451450
	<u>Corporation(s) Name</u>	****125.00 *****125.00
Valmel General Dis	equisities SLCC	ARETA - F
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· · ·		
( )Profit ( )Nonprofit	()Amendment	
ARTICLES	( )Dissolution ( )Withdrawal	( )Mark
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3	( )UBR ( )Fititious Name	()Other ()Ch. RA

\*\*\*Special Instructions\*\*

()UCC

()Certified Copy ()arts/ameds/mergers ()	()Photocopies Other-See Above	
(XXX)Walk in	(XXX)Pick-up	()Will Wait
L	D- (BD) Copies ?	Return Filed Stamped To: Butterfield Thank You!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Valmed General Diagnostics LLC

#### **ARTICLE II - Address:**

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

4201 N. Ocean Blvd., C1402 Boca Raton, FL 33431

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

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

Sheldon Rocklin Name 4201 N. Ocean Blvd., C1<u>402</u> Florida street address (P.O. Box NOT acceptable) Boca Raton, FL 33431

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..

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.

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

/	
<u> </u>	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.)
	Sheldon Rocklin Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organizatio \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certified to of Status (Optional)

5.00 Certificate of Status (Optional)

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