

Tom Edwards

Requester's Name

3512 MacLay Blvd, Ste 100

Address

Tallahassee, FLA 32312 201-2300

City/State/Zip

Phone #

L 02000003886

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CSI Healthcare

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-02/19/02--01026--015  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
CSI HEALTHCARE, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE I.  
NAME**

The name of the Limited Liability Company is **CSI Healthcare, LLC**

**ARTICLE II.  
ADDRESS**

The address of the place of business and the mailing address in Florida are:

Place of business: 3512 Maclay Boulevard South, Suite 102  
Tallahassee, Florida 32312

Mailing address: 3512 Maclay Boulevard South, Suite 102  
Tallahassee, Florida 32312

**ARTICLE III.  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Thomas H. Edwards  
3512 Maclay Boulevard South, Suite 102  
Tallahassee, Florida 32312

Having been named as registered agent and as the person to accept service of process for the above-named 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, I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statute.

Thomas H. Edwards, Registered Agent



CSI HEALTHCARE, LLC  
ARTICLES OF ORGANIZATION

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TALLAHASSEE, FLORIDA

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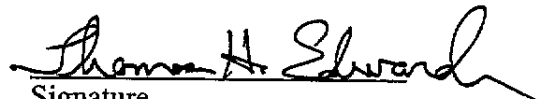
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**ARTICLE IV.  
MANAGEMENT**

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

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 19 day of February, 2002.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

  
Signature

APPROVED  
AND  
FILED

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