



L02000022391

ACCOUNT NO. : 072100000032

REFERENCE : 725444 156480A

AUTHORIZATION :

Patricia Pijet

COST LIMIT : \$ 125.00

FILED
2002 AUG 29 PM 1:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : August 29, 2002

ORDER TIME : 11:31 AM

ORDER NO. : 725444-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Kim Hendershot
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

RECEIVED
02 AUG 29 PM 12:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: OCEAN MEDICAL, LLC

100007426341--8--

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Powell - EXT. 1155

EXAMINER'S INITIALS: _____

J. BRYAN AUG 29 2002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEAN MEDICAL, LLC

ARTICLE II - Address:

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

3805 HENDERSON BLVD. TAMPA, FL 33629

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

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

VICTOR TIPNES

Name

3805 HENDERSON BLVD.

Florida street address (P.O. Box NOT acceptable)

TAMPA, FL 33629

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.

By: X

[Signature]
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)

X

[Signature]
Signature of a member or appointed 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.)

VICTOR TIPNES

Typed or printed name of signer

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)