Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: AKERMAN SENTERFITT & EIDSON Account Name

Account Number: 076656002425 -

Phone

: (407)843-7860

Fax Number

: [407]843-6610_.

LIMITED LIABILITY COMPANY

MEDTECH PARTNERS, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Medtech Partners, LLC

ARTICLE II - Address

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

4131 Shadow Creek Circle Oviedo, FL 32765

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

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

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is

Leslie Michael Hart 4131 Shadow Creek Circle Oviedo, FL 32765

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(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.)

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REGISTERED AGENT ACCEPTANCE

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.

Leslie Michael Hart

Leslie Michael/Hart

<u>ැහැය ප්</u>, <u>එග</u>යි. (Date)

SECRETARY OF STATE