

L030000 06616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

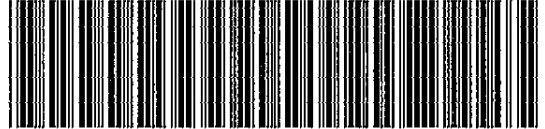
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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SEP 27 1964
FBI - PHOENIX

22403

RELIANT MEDICAL SYSTEMS
9240 NW 44 CT
CORAL SPRINGS, FL 33065.

WB3-180Z

AND
FILED
03 FEB 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

January 22, 2003

GULSHAKAR MITHAVAYANI
9240 NW 44TH CT
CORAL SPRINGS, FL 33065

SUBJECT: RELIANT MEDICAL SYSTEMS, LLC
Ref. Number: W03000001802

We have received your document for RELIANT MEDICAL SYSTEMS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 403A00003489

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Reliant Medical Systems, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
9240 NW 44th court, Coral Springs, FL 33065

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

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

Gulshakar Mithavayani

Name

9240 NW 44th Court

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

Coral Springs FL 33065

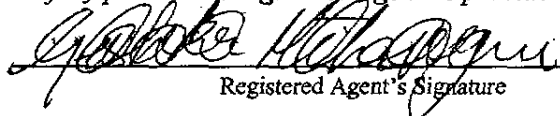
FL

City, State, and Zip

03 FEB 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

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


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.)

ANWAR MITHAVAYANI
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)