

LO3 000007074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

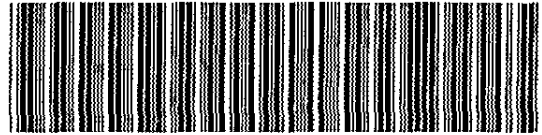
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/12/03--01032--006 \*\*135.00

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TALLAHASSEE, FLORIDA

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LO3-7074  
OK



## R-GROUP INTERNATIONAL

2321 NW 66th Court  
Gainesville, Florida 32653 U.S.A.

P.O. Box 357235  
Gainesville, Florida 32635 U.S.A.

Telephone (352) 378-3633  
Facsimile: (352) 378-3661  
e-mail: [rgroupintl@aol.com](mailto:rgroupintl@aol.com)

[www.rrgroupinternational.com](http://www.rrgroupinternational.com)

25 February 2003

Ms. Tammy Cline  
Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Tammy:

Thank you for taking the time with me on the telephone today. I have enclosed my check for \$25 to cover the balance of my registration for the Limited Liability Company to be known as Southern Medical Distributors LLC.

If you have any additional questions, please feel free to contact me at your convenience. Again, thanks for your help.

Best Regards,

Darren F. Kahn  
Corporate Vice President

DFK:jm  
Encl.

Manufacturer of **ACTI-FLEX**® Fluid Delivery Products

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TALLAHASSEE, FLORIDA

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11 February 2003

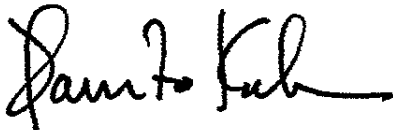
Registration Section  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find Articles of Organization for setting up a Limited Liability Company by the name of Southern Medical Distributors LLC. Also enclosed please find a check for the amount of \$135.00 which will cover filing fees, a certified copy and a certificate of status.

If you have any questions, my contact information appears at the bottom of this letter. Thank you.

Regards,



Darren F. Kahn  
Southern Medical Distributing  
2321 North West 66th Court  
Gainesville, FL 32653

Tel: (352) 378-3633

DFK:jm  
Encls.

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TALLAHASSEE, FLORIDA

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**Articles of Organization  
for  
Southern Medical Distributing LLC**

Article I

*Name.* The name of this Limited Liability Company is Southern Medical Distributing LLC.

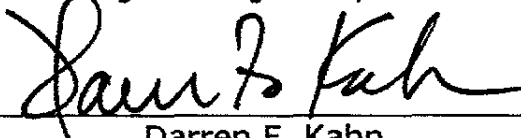
Article II

*Principal Office.*<sup>mailing address</sup> The address of the principal office of this Limited Liability Company is 2321 North West 66th Court, Gainesville, FL 32653.

Article III

*Registered Agent, Registered Office & Registered Agent's Signature.* The street address of the initial registered agent of this Limited Liability Company is 2321 North West 66th Court, Gainesville, FL 32653, and the name of the initial registered agent of this Corporation is Darren F. Kahn.

*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 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.*



Darren F. Kahn  
Registered Agent



Signature of Member or Authorized Representative of 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.)*

Noreen J. Kahn

Typed or Printed Name of Signee

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TALLAHASSEE, FLORIDA

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