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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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DIVISION OF CORPORATION

03 JUL 30 AM II: 00

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: AEROMED Technologies LLC

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent W03-15835

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

Please send one check for the total amount made payable to the Florida

Department of State.

| PD () M. | Jay R. Lawson | |
|----------|--------------------------|--|
| FROM: | Name (Printed or typed) | |
| | 2765 Northridge Dr. E | |
| | Address | |
| | Clearwater, FL 33761 | |
| , | City, State & Zip | |
| | 727-787-7774 | |
| , | Daytime Telephone number | |

DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 3, 2003

JAY R. LAWSON 2765 NORTHRIDGE DR. E CLEARWATER, FL 33761

SUBJECT: AEROMED TECHNOLOGIES LLC

Ref. Number: W03000015835

We have received your document for AEROMED TECHNOLOGIES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Enclosed is a copy of our blank form. Please either complete it, or add the signature (including the language beginning "In accordance with..") to your own form.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 703A00034810

03 JUL 30 AM II. O.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AEROMED Technologies LLC

ARTICLE II - Address:

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

2765 Northridge Dr. E

Clearwater, FL 33761 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

| Jay R. Lawse | on | | | |
|-----------------------|------------------------|--------------|------------|------|
| | Name | | | |
| 2765 Northridge | Dr. E | | | _ |
| Florida street addres | ss (P.O. Box <u>NO</u> | T acceptable | :) | |
| Clearwater | FL | 33761 | | 44.0 |
| 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.

> 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.) Roberta R Lawson

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)