07.19.1	Florida Department of State Division of Corporations
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TO: From	Division of Corporations Fax Number : (450)205-0383
r	D2 7026 / 0428 Summittee LIMITED LIABILITY COMPANY NSR BIOMEDICAL, LLC Certificate of Status Certified Copy 1
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FAX AUDIT NO.: H03000320152

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: NSR BIOMEDICAL, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 13709 Progress Boulevard, Alachua, Florida 32615.

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

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

F&L CORP. Name

200 LAURA STREET Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE, FL 32202 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited ltability 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 completed 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, $F.S_{c-}$ F&L CORP. 10:01H7 61 AUH

By: Charles V. Hegrick, Authorized Signatory

ATA

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,)

Andrea I. Mason, Esg., Authorized Representative Typed or printed name of signee

> 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)