

LO3000041524

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000324082 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
03 NOV 25 AM 8:29
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

NORTH AMERICAN MEDICAL EQUIPMENT AND SUPPLY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

03 NOV 25 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND
ATTACHED

Electronic Filing Menu

Corporate Filing

Public Access Help

JB
11/25/03

H 03000324082

3

**ARTICLES OF ORGANIZATION
FOR
NORTH AMERICAN MEDICAL EQUIPMENT AND SUPPLY, LLC**
A Florida Limited Liability Company

The Undersigned, as a representative of a member of **NORTH AMERICAN MEDICAL EQUIPMENT AND SUPPLY, LLC** a Florida Limited Liability Company does execute these Articles of Organization for the purpose of forming a Limited Liability Company pursuant to Chapter 608 of the Florida Statutes.

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

NORTH AMERICAN MEDICAL EQUIPMENT AND SUPPLY, LLC

**ARTICLE II
ADDRESS OF PRINCIPAL OFFICE AND MAILING ADDRESS**

2999 NE 191 STREET
PENTHOUSE 8
AVENTURA, FLORIDA 33180

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE**

Maynard J. Hellman, Esq.
2999 Northeast 191 Street
Penthouse 8
Aventura, Florida 33180

Having been named as registered agent and to accept service of process for the above stated limited 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.


MAYNARD J. HELLMAN, REGISTERED AGENT

SIGNATURES APPEAR ON THE FOLLOWING PAGE

H 03000324082

03 NOV 25 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

TOTAL P.03

H 03000324082

In Witness whereof, Maynard J. Hellman, a representative of a Member of NORTH AMERICAN MEDICAL EQUIPMENT AND SUPPLY, LLC, has hereunto executed these Articles of Organization this 24th day of November, 2003.


MAYNARD J. HELLMAN, MEMBER REPRESENTATIVE

(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.)

AFFIRMED
AND
FILED

03 NOV 25 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 03000324082