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Page 1 of 1

Florida Department of State

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Account Name

: MICHAEL A. PYLE, P.A.

Account Number : 120000000053

Phone

: (386)615-9007

Fax Number

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LIMITED LIABILITY COMPANY

EMERGENCY SERVICE SOLUTIONS, LLC

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ARTICLES OF ORGANIZATION OF

EMERGENCY SERVICE SOLUTIONS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby executes the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is EMERGENCY SERVICE SOLUTIONS, LLC.

ARTICLE II ADDRESS

The street address of the principal office of the Company is 543 Crown Sunset Drive, Apt. #1214, Ormond Beach, Florida 32174 and the mailing address is P.O. Box 731835, Ormond Beach, Florida 32173.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is Patrick T. Kelly, S. 543 Crown Sunset Drive, Apt. #1214, Ormond Beach, Florida 32174.
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this day of January, 2004.
PATRICK T. KELLY
STATE OF FLORIDA COUNTY OF VOLUSIA
The foregoing instrument was acknowledged before me this
Notary Public

(In accordance with Section 608.408(2), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

(Printed Name)

My Commission Exam

Michael A. Pyle

My Commission DD271358

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

PATRICK T. KELLY, Registered Agent

SECRETARY OF STATE