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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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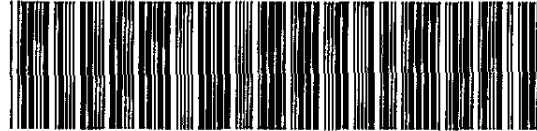
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

04 MAR 17 AM 9:26

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**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: INTERSTATE MEDICAL SERVICES LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruby V. Miniand  
(Name of Person)

INTERSTATE MEDICAL SERVICES  
(Firm/Company)

10013 LITTLE TEAK STREET  
(Address)

ORLANDO, FLORIDA 32825  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ruby Miniand at (407) 382-3666  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTERSTATE MEDICAL SERVICES LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10013 LITTLE TEAK STREET  
ORLANDO, FL 32825

**Mailing Address:**

PO BOX 5461  
WINTER PARK  
FL 32793

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

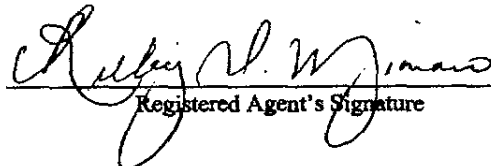
The name and the Florida street address of the registered agent are:

Ruby V. Miniando  
Name

10013 LITTLE TEAK STREET  
Florida street address (P.O. Box NOT acceptable)

ORLANDO, FLORIDA 32825  
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, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Mgr.

RICHARD CARTWRIGHT  
4916 Royal Trails Road  
FAIRBURN, GA 30209

Mgr.

Myrna Tui  
3769 Biscayne Drive  
Winter Springs, FL 32708

Mgrm

Merv Tui  
3769 Biscayne Drive  
Winter Springs, FL 32708

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Ruby V. Miniando  
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.)

Ruby V. Miniando  
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)