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Florida Department of State
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MEDIRECT, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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

ARTICLE I - NAME:

The name of the Limited Liability Company is:
MEDIRECT, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: **2240 Sloane Place, Wellington, FL 33414**

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

The name and the Florida street address of the registered agent are: **Alkis Alexiadis, 2240 Sloane Place, Wellington, FL 33414**

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.

 **P.T.**
Alkis Alexiadis
Registered Agent

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

 **P.T.**
Signature of a member or an authorized representative of a member.
Alkis Alexiadis, Authorized 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.)

BlumbergExcelsior Corporate Services, Inc.
62 White Street, New York, NY 10013

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