

**L05000008232**

Florida Department of State  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**LIMITED LIABILITY COMPANY**

**Atlantic MedWare LLC**

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ATLANTIC MEDWARE LLC

**ARTICLE II ADDRESS**


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

235 ARBOR WOODS CIRCLE  
OLDSMAR, FL 34677**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

JASON BARRERA  
235 ARBOR WOODS CIRCLE  
OLDSMAR, FLORIDA 34677

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



JASON BARRERA / Registered Agent's Signatura

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

Managing Member:	JASON BARRERA ; 235 ARBOR WOODS CIRCLE
Managing Member:	OLDSMAR, FLORIDA 34677
Managing Member:	CHRISTOPHER HYLAND ; 2346 BENT TREE RD. APT. 1925
Managing Member:	PALM HARBOR, FLORIDA 34683
Managing Member:	STEVEN MCDONALD ; 2804 COUNTRYSIDE BLVD. #3
Managing Member:	CLEARWATER, FLORIDA 33761



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.)

JASON BARRERA  
Typed or printed name of signee

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