

# L05000057580

(Requestor's Name)

**MARVIN E. ROOKS**

ATTORNEY AT LAW

P.O. BOX 241

WINTER PARK, FLORIDA 32790-0241

(City/State/Zip/Phone #)

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POST OFFICE BOX 241  
WINTER PARK, FLORIDA 32790-0241

*May 3/20*

*Sir Madam,*

*Please file the  
enclosed T.C. Enclosure  
is check for \$125 for  
application and  
Designation of Registered  
agent.*

*Marvin E. Rooks*

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Medivest Allocation Services, LLC

**ARTICLE II – Address:**

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

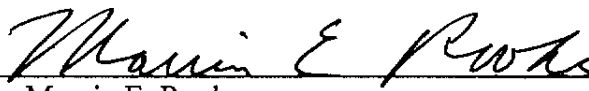
2100 Alafaya Drive, Suite 201, Oviedo, Florida 32765

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

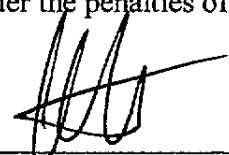
The name and the Florida street address of the registered agent are:

Marvin E. Rooks, Esq.  
174 W. Comstock Avenue, Suite 100  
Winter Park, FL 32789

*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.*

  
\_\_\_\_\_  
Marvin E. Rooks

(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.)

  
\_\_\_\_\_  
Kerry A. Augustine, Member

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