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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY MEDICAL SOUTH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	012
Estimated Charge	\$155.00

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Articles of Organization
For
Medical South, LLC

Article 1 - Name. The name of the Limited Liability Company is Medical South, LLC.

Article 2 - Address. The mailing address and principal office of the Limited Liability Company is:

Principal Office Address:
713 Berry Bramble Drive
Brandon, Florida 33510

Mailing Address:
713 Berry Bramble Drive
Brandon, Florida 33510

Article 3 - Registered Agent, Registered Office & Registered Agent's Signature.
The name and the Florida street address of the registered agent are:

Travis S. Maund
713 Berry Bramble Drive
Brandon, Florida 33510

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.

Travis S. Maund
Travis S. Maund

Article IV - Manager or Managing Members.

MGR
Travis S. Maund
713 Berry Bramble Drive
Brandon, Florida 33510

MGR
Tammie M. Maund
713 Berry Bramble Drive
Brandon, Florida 33510

Travis S. Maund
Travis S. Maund
Date: _____

Tammie M. Maund
Tammie M. Maund
Date: _____

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