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2005 JUL 22 P 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

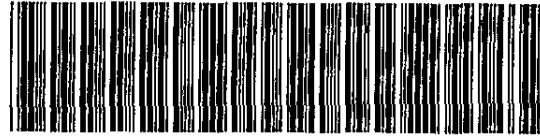
(Document Number)

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LLC Filing Letter

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Date: July 11, 2005

LLC Filings Office:

I enclose an original and 1 copies of the proposed Articles of Organization of ProMaster Medical, LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

Sincerely,

Signed: 

Thomas J. Yore, Sr.  
15913 Old Stone Place  
Tampa, FL 33624  
Telephone: 813-293-4487

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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:

ProMaster Medical, LLC

**Article II - Address:**

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

15913 Old Stone Place, Tampa, FL 33624

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

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

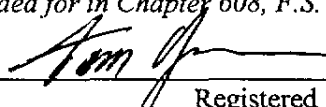
Thomas John Yore, Sr.

Name

15913 Old Stone Place, Tampa, FL 33624

Florida street address (P.O. Box **NOT** acceptable)

*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.*



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**Article IV - Manager(s) or Managing Members(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Thomas J. Yore, Sr.

15913 Old Stone Place, Tampa, FL 33624

**FILED**

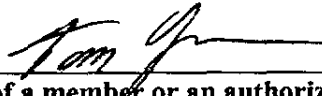
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



**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.)

Thomas J. Yore, Sr.

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)**