

Division of Corporations

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Florida Department of State
Division of Corporations
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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ITY'S MEDICAL SUPPLY, LLC

Certificate of Status	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:

ITY'S MEDICAL SUPPLY, LLC

ARTICLE II ADDRESS

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

9045 LA FONTANA BLDV. #224 AKA C-8-A
BOCA RATON FL 33434

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

GLORIA USEN
9045 LA FONTANA BLDV. #224 AKA C-8-A
BOCA RATON FL 33434

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..



GLORIA USEN/ Registered Agent's Signature

ARTICLE IV MANAGEMENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V

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

GLORIA USEN
MANAGING MEMBER: 9045 LA FONTANA BLDV. #224 AKA C-8-A
BOCA RATON FL 33434



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.)

GLORIA USEN
Typed or printed name of signee

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06 MAR 17 AM 10:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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