Division of Corporations



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Division of Corporations

Fax Number : (850)205-0383

From:

A 1 A CORPORATE SERVICES, INC. Account Name

Account Number : 120010000247 (800) 494-3124 Phone

Fax Number (305) 675-2811

ORIDA/FOREIGN LIMITED LIABILITY CO

Zarasota Medical Products 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:

Zarasota Medical Products LLC.

ARTICLE II: Address

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

_____, ____, ____, ____, _____

SARASOTA, FL 34236

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

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

ROBERT D. ZIEGENFUSS

1300 BEN FRANKLIN DR UNIT 401

1300 BEN FRANKLIN DR UNIT 401

SARASOTA, FL 34236

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 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.

ROBERT D. ZIEGENFUSS / REGISTERED AGENTS SIGNATURE

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Zarasota Medical Products LLC.

ARTICLE IV: MANAGEMENT

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

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

ROBERT D. ZIEGENFUSS 1300 BEN FRANKLIN DR UNIT 401 SARASOTA, FL 34236

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.)

ROBERT D. ZIEGENFUSS
Typed or printed name of signee