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Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407) 246-8450  
Fax Number : (407) 423-7014

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Voyage Respiratory, LLC**

Certificate of Status	0
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**Articles of Organization  
of  
Voyage Respiratory, LLC**

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The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company is Voyage Respiratory, LLC.

**ARTICLE II — Address:**

The initial mailing address and street address of the principal office of the limited liability company is: c/o Gary D. Lipson, Esq., Windersweede, Haines, Ward & Woodman, P.A., 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.


**Article III — Registered Agent and Registered Office:**

The name and the Florida street address of the initial registered agent of the limited liability company are: Gary D. Lipson, 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

**Article IV — Indemnification:**

This limited liability company shall indemnify and hold harmless its managers, directors, officers, employees, attorneys and agents to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has signed and acknowledged these Articles of Organization on October 17, 2006.

  
\_\_\_\_\_  
Gary D. Lipson,  
as Authorized Representative

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### Statement Accepting Appointment as Registered Agent

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in the statement. 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 under Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Gary D. Lipson

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