Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000223177 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 .

Phone : (305)599-0839 Fax Number : (305)716-0346

Page 1 of 1

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VORTECH STERILIZING SYSTEMS, LLC

| Certificate of Status | 0 | |
|-----------------------|---------|---|
| Certified Copy | - | 7 |
| Page Count | 02 | |
| Estimated Charge | \$155.0 | 0 |

JB

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vortech Sterilizing Systems, LLC

ARTICLE II - Address:

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

757 SE 17th Street Suite 498 Fort Lauderdale, FL 33315

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Tom Andrews 9 Southwest 13th Street Fort Lauderdale, Florida 33315

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.

Tom Andrews Registered Agent's Signature

Article IV - Management (Check box if applicable.)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

| Title: | Name and Address: | | |
|--|---|--|--|
| "MGR" = Manager "MGRM" = Managing Member | 9 | | |
| _=. _ | Pould takeness | | |
| MGRM / Partner | David Julinson | | |
| ÷ = | 757 SE 17th Street Suite 498 | | |
| = | Ft Landerdale, FL 33315 | | |
| • | | | |
| MGRM / Partner | Tara Johnson 757 SE 17th Street Suite 498 | | |
| | 757 SE 17th Street Suite 498 | | |
| | Ft Lauderdale, FL 33315 | | |
| | | | |
| MGRM / Partner | Roger Madigan | | |
| = | 757 SE 17 th Street Suite 498 | | |
| | Ft Landerdale, FL 33315 | | |
| | | | |

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

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(2), Florida Statutes, the execution of this document constitutes at affirmation under the penalties of perjury that the facts stated herein are true.)