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L. SELLERS

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**EXAMINER** 

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### ALLSAFE MEDICAL, LLC

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# ARTICLES OF ORGANIZATION OF ALLSAFE MEDICAL, LLC

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

#### ARTICLE I <u>ALLSAFE MEDICAL</u>

The name of the limited liability company shall be ALLSAFE MEDICAL, LLC (the "Company").

## ARTICLE II ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of the Company shall be c/o Quarles & Brady LLP, 1395 Panther Lane, Suite 300, Naples, Florida 34109.

# ARTICLE III MANAGEMENT

The Company shall be managed by one or more member and shall be a member-managed company. The initial manager of the Company shall be: Craig M. Rety and Julie A. Rety, Manager, as tenants by the entirety.

### ARTICLE IV DURATION

The Company shall be **perpetual** in duration and shall exist until dissolved in a manner provided by law or, if an operating agreement is adopted by the members, as provided for therein.

#### ARTICLE V MEMBERSHIP

The members of the Company shall have the right to admit new members upon unanimous agreement of the existing members of the Company or, if an operating agreement is adopted by the members, as provided for therein.

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#### ARTICLE VI MEMBERS' RIGHT TO CONTINUE BUSINESS

The existence of the Company shall continue notwithstanding the death, bankruptcy or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company.

#### **ARTICLE VII**

### DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

The name of the initial registered agent of the limited liability company is NAPLES-LAWDOCK, INC., and the address of the office of the registered agent is c/o Quarles & Brady, LLP, 1395 Panther Lane, Suite 300, Naples, Florida 34109.

IN WITNESS WHEREOF, the undersigned has signed these Articles Of

at Naples, Florida on the $10^{-1}$ day of
Dkurph
MPHREVILLE, as Authorized Representative
owledged before me this day of D. HUMPHREVILLE, as Authorized r more members of ALLSAFE MEDICAL, to [] is personally known to me or [_] who
Notary Public Print Name: My Commission Expires:

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Organization constitutes an affirmation under the penalties of perjury that the facts stated herein

In accordance with § 608,408(3), Florida Statutes, the execution of these Articles of

are true.

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### CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

#### ALLSAFE MEDICAL, LLC.

The name of the initial registered agent of the limited liability company is NAPLES-LAWDOCK, INC., and the address of the office of the registered agent is c/o Quarles & Brady LLP, 1395 Panther Lane, Suite 300, Naples, Florida 34109.

ALLSAFE MEDICAL, LLC

JOHN D. HUMPHREVILLE, as Authorized Representative

#### REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided in Section 608.415, Florida Statutes.

NAPLES-LAWDOCK, INC., Registered Agent

MOTHY G. HAMS, as Presid

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