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CSH SERVICES

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To: Division of Corporations
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From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

OSTOMY APPLIANCE COVERS L.L.C.

Certificate of Status	0
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EXAMINE.R

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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:

OSTOMY APPLIANCE COVERS L.L.C.

ARTICLE II ADDRESS

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

911 N.E. 70TH. ST.

OCALA, FL 34479

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

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

ROD A. BERNATH

911 N.E. 70TH. ST.

OCALA, FL 34479

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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..



ROD A. BERNATH / Registered Agent's signature

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PAGE 2

OSTOMY APPLIANCE COVERS L.L.C.

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:

ROD A. BERNATH

911 N.E. 70TH. ST.

OCALA, FL 34479

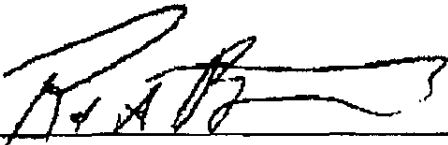
MANAGING MEMBER:

JOETTE R. APPEL

24109 PEEKSKILL ST.

LEESBURG, FL 34748

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X 

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.

ROD A. BERNATH