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Account Number : I20070000160
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DIVERSIFIED MEDICAL SOURCE, LLC

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EXAMINER

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

H-080001624843

ARTICLE I NAME

The name of the Limited Liability Company is:

DIVERSIFIED MEDICAL SOURCE, LLC

ARTICLE II ADDRESS

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

10034 HAMMOCKS BLVD., SUITE 201

MIAMI, FLORIDA 33196

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

PAOLA ANDREA CANO

10034 HAMMOCKS BLVD., SUITE 201

MIAMI, FLORIDA 33196

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..


PAOLA ANDREA CANO / Registered Agent's signature

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DIVERSIFIED MEDICAL SOURCE, LLC

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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:

PAOLA ANDREA CANO

10034 HAMMOCKS BLVD., SUITE 201

MIAMI, FLORIDA 33196



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.

PAOLA ANDREA CANO