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Florida Department of State  
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To:  
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Fax Number : (850) 617-6383

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

BREATHING DISORDER CENTERS, LLC

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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:

BREATHING DISORDER CENTERS, LLC

**ARTICLE II ADDRESS**

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

4849 LAKE WORTH ROAD  
GREEN ACRES, FLORIDA 33463

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

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

JEAN CLAUDE LABISSIERE, MD  
1131 SAN MICHELE WAY  
PALM BEACH GARDENS, FLORIDA 33418

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.

x Jean Claude Labissiere

JEAN CLAUDE LABISSIERE, MD / Registered Agent's signature

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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

JEAN CLAUDE LABISSIERE, MD

4849 LAKE WORTH ROAD

GREEN ACRES, FLORIDA 33463

.....

x Jean Claude Labissiere

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.

JEAN CLAUDE LABISSIERE, MD

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