

02-23-09

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From-RUDEN, MCCLOSKEY, FTL

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Universal Mediquip, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
UNIVERSAL MEDIQUIP, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the Limited Liability Company is **UNIVERSAL MEDIQUIP, LLC** (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address for the Company is: 2436 N. Federal Highway, Suite 146, Lighthouse Point, Florida 33064.
3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Valerie Castrovinci, 2436 N. Federal Highway, Suite 146, Lighthouse Point, Florida 33064.

The undersigned has executed these Articles of Organization on the 12 day of February, 2009.

By: Valerie Castrovinci  
Valerie Castrovinci, Authorized Representative

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**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: Universal Medtquip, LLC.
2. The name and address of the registered agent and office is:

Valerie Castrovinci  
2436 N. Federal Highway, Suite 146  
Lighthouse Point, Florida 33064

*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 its 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.*

Valerie Castrovinci  
Valerie Castrovinci, Registered Agent

2/12/09  
(Date)

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