



**COVER LETTER.**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LHG MEDICAL SUPPLY LLC  
Name of Limited Liability Company

**FILED**  
09 JUL 28 PM 4: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEREK L. DAVIS  
Name of Person

LONDALE HOLDINGS GROUP, INC.  
Firm/Company

110 E. BROWARD SUITE 1710  
Address

FT LAUDERDALE, FL 33301  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEREK LONDALG DAVIS at (954) 319-7177  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2009

DEREK L DAVIS  
LONDALE HOLDINGS GROUP, INC.  
110 E. BROWARD SUITE 1710  
FT LAUDERDALE, FL 33301

SUBJECT: LHG MEDICAL SUPPLY LLC  
Ref. Number: W09000034479

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TALLAHASSEE, FLORIDA

Upon receipt of your letter and/or check(s) totaling \$130.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Operating Agreements are not filed with our office. Keep for your records.,

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 109A00025971

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LHG MEDICAL SUPPLY, LLC.  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

110 E BROWARD SUITE 1710  
FT LAUDERDALE, FL 33301

**Mailing Address:**

110 E. BROWARD Suite 1710  
FT LAUDERDALE, FL 33301

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

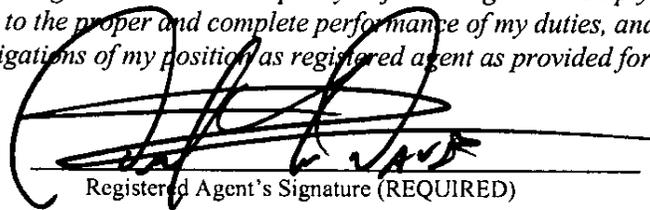
Effective Date 07/22/09

DEREK L. DAVIS  
Name

3527 N.W. 25 ST  
Florida street address (P.O. Box **NOT** acceptable)

FT LAUDERDALE FL 33311  
City, State, and Zip

*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 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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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 TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

DEREK LONDALE DAVIS  
3527 N.W. 25 STREET  
FT LAUDERDALE, FL 33311

MGRM

ANTHONY A. BROWN  
17031 N.W. 9th PLACE  
MIAMI, FL 33169

MGRM

GLEN MATTHEWS  
2751 PENNA AVE #3207  
PHILA, PA 19130

MGRM

CHARLES SNEED  
3425 PINEWALK DR.  
NORTH MARGATE, FL 33063

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 22 July 2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
 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.)

DEREK LONDALE DAVIS

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**CONTINUATION ARTICLE IV- Manager(s) or Managing Member(s):**

**Title:**

**Name and Address**

MBRM

TERRELL V. CARSON

1959 LEILA PLACE

LAKE LAND, FL 33805

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