

10/2010 11:45 FAX

001/003

Division of Corporations

Page 1 of 1

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICES OF CARLA DELOACH BRYANT
Account Number : I20030000125
Phone : (407) 740-5005
Fax Number : (407) 740-5025

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FLORIDA LIMITED LIABILITY CO.
VaxCare Missouri, LLC

Certificate of Status	1
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J. BRYAN

MAY 11 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VAXCARE MISSOURI, LLC

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ARTICLES OF ORGANIZATION

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY VAXCARE MISSOURI, LLC**

**ARTICLE I.
NAME**

The name of the limited liability company is VaxCare Missouri, LLC (referred to as the "Company").

**ARTICLE II.
ADDRESS**

The Company's principal office is 4401 South Orange Avenue, Suite 117, Orlando, Florida 32806.
The Company's mailing address is 4401 South Orange Avenue, Suite 117, Orlando, Florida 32806.

**ARTICLE III.
REGISTERED AGENT AND REGISTERED OFFICE**

The name of the Registered Agent is Carla DeLoach Bryant. The Registered Office is located at 1206 East Ridgewood Street, Orlando, Florida 32803.

**ARTICLE IV.
MANAGEMENT**

VaxCare Missouri, LLC is to be managed by one or more Managers, and is, therefore, a Manager-Managed limited liability company. Unless and until replaced pursuant to the Operating Agreement for VaxCare Missouri, LLC, Casey B. DeLoach and John Crabtree shall serve as the Managers.

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VAXCARE MISSOURI, LLC

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ARTICLES OF ORGANIZATION

On this 27th day of April, 2010, Carla DeLoach Bryant, as the authorized representative of VaxCare Missouri, LLC, has executed these Articles of Organization on its behalf at the Law Offices of Carla DeLoach Bryant, P.A., 1206 East Ridgewood Street, Orlando, Florida 32803.


Carla DeLoach Bryant, Authorized Representative
for VaxCare Missouri, LLC

ACCEPTANCE OF REGISTERED AGENT

On this 27th day of April, 2010, I have been named as Registered Agent and designated to accept service of process for VaxCare Missouri, LLC. By signing below 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 Florida Statutes Chapter 608.


Carla DeLoach Bryant, Registered Agent

FILED
10 MAY 10 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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