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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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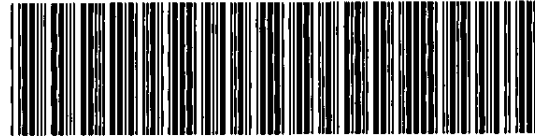
(Business Entity Name)

(Document Number)

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10 MAY 11 AM 10:33

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
JACKSONVILLE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 11 PM 2:32

B. KOHR

MAY 11 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 378396 7774810

AUTHORIZATION :

COST LIMIT : \$125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 11 PM 2:32

ORDER DATE : May 10, 2010

ORDER TIME : 3:50 PM

ORDER NO. : 378396-005

CUSTOMER NO: 7774810

DOMESTIC FILING

NAME: STANDARD MEDICAL SUPPLY OF  
FLORIDA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

05/07/2010 11:07 STANDARD MEDICAL SUPPLY, INC

(FAX) 810 544 8725

P.002/003

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 11 PM 2:32**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**STANDARD MEDICAL SUPPLY OF FLORIDA, 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:**1101 Sussex BoulevardBroomall, PA 19008**Mailing Address:**1101 Sussex BoulevardBroomall, PA 19008**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:

**Corporation Service Company**

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL 32301

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.*

**Corporation Service Company****BY**

Registered Agent's Signature (REQUIRED)

**Carina L. Dunlap  
Asst. Vice President****(CONTINUED)**

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRAnthony Ferrante1101 Sussex BoulevardBroomall, PA 19008MGRJoseph N. Travaglini1101 Sussex BoulevardBroomall, PA 19008MGRAnthony Sciale1101 Sussex BoulevardBroomall, PA 19008

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Joseph N. Travaglini

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)