# Florida Department of State

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# FLORIDA LIMITED LIABILITY CO. iLabs Medical, LLC

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# OF iLABS MEDICAL, LLC

The undersigned authorized representative of a member of the captioned Limited Liability

Company, under the provisions of the Florida Limited Liability Company Act, Chapter 608, Florida

Statutes, adopts the following Articles of Organization:

# Name, Mailing Address and Purpose of Organization

The name of this limited liability company is iLABS Medical, LLC (the "Company"). The Company's principal address and mailing address is 1031 Cedar Grove Road, Wynnewood, PA 19096. The Company's initial registered agent is David M. Jeffries, whose address is 1227 N. Franklin Street, Tampa, Florida 33602. The Company is organized to enable its members to transact any lawful business for which a limited liability company may be organized under Florida law.

# ARTICLE II

# **Duration of Existence**

The Company shall remain in existence from the date the Articles of Organization are filed with the Florida Department of State until terminated in accordance with the provisions of the Florida Limited Liability Company Act or the Company's Operating Agreement.

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#### ARTICLE III

#### Management of the Company

The Company shall be managed in the manner set forth in the Company's Operating Agreement. The following individuals shall be the Company's initial manager(s), who shall serve the Company in the capacity set forth in the Company's Operating Agreement and who shall have full authority to establish the Company's accounts with financial institutions:

Ludmil Mitrey, M.D.

Latchezar Hristov

Sanford Littwin, M.D.

## **ARTICLE IV**

#### Indemnification

If in the judgment of the members, the criteria set forth in §608.4229, Florida Statutes, or any successor statute, have been met, then the Company shall indemnify any manager or member, or former manager or member, his/her or its personal representatives, devisees or heirs, in the manner and to the extent contemplated by §608.4229, Florida Statutes.

IN WITNESS WHEREOF, the undersigned authorized representative of a member has executed these Articles of Organization this 15th day of November, 2010.

David M. Jeffries,

Authorized Representative of a Member

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#### CERTIFICATE DESIGNATING

#### REGISTERED AGENT



Pursuant to the provisions of §§48.091 and 608.415, Florida Statutes, iLABS Medical, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, by action of its members, hereby designates David M. Jeffries an individual resident of the State of Florida, as its Registered Agent for the purpose of accepting service of process within such State and designates 1227 N. Franklin Street, Tampa, Florida 33602, the business address of its Registered Agent, as its Registered Office.

David M. Jeffries, Authorized Representative of a Member

### **ACKNOWLEDGMENT**

I hereby accept my appointment as Registered Agent of the above named limited liability company and agree to act as such in accordance with the provisions of §48.091 and §608.415, Florida Statutes.

David M. Jeffries, Registered Agent

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