

May 06 2011 5:16PM

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Florida Department of State
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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
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FLORIDA LIMITED LIABILITY CO.

Vector Medical LLC

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

In compliance with Chapter 608, F.S.

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

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ARTICLE I NAME

The name of the Limited Liability Company is:

VECTOR MEDICAL LLC

ARTICLE II ADDRESS

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

601 NW 43RD AVENUE
COCONUT CREEK, FLORIDA 33066

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

LORI A BOLTON
601 NW 43RD AVENUE
COCONUT CREEK, FLORIDA 33066

Having been named as registered agent 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.

X



LORI A BOLTON / Registered Agent's signature

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PAGE 2 VECTOR MEDICAL LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

LORI A BOLTON

601 NW 43RD AVENUE

COCONUT CREEK, FLORIDA 33066

MANAGING MEMBER

CHARLES J BOLTON

601 NW 43RD AVENUE


COCONUT CREEK, FLORIDA 33066

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TALLAHASSEE, FLORIDA

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x  _____
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.

LORI A BOLTON

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