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FLORIDA LIMITED LIABILITY CO.  
Critical Care Educators, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is Critical Care Educators, LLC.

**ARTICLE II – Address:**

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

**Principal Office Address:**

1917 Osman Avenue  
Orlando, FL 32806

**Mailing Address:**

1917 Osman Avenue  
Orlando, FL 32806

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

The name and Florida street address of registered agent are:

**Tina A. Gerardi**  
1917 Osman Avenue  
Orlando, FL 32806

*Having been named as registered agent and to accept service of process for the above state 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.*

*Tina A. Gerardi*  
Tina A. Gerardi, Registered Agent

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**ARTICLE IV – Manager(s) or Managing Member(s)**

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

**Title:**

**Name and Address**

“MGRM” = Managing Member

Tina A. Gerardi  
1917 Osman Avenue  
Orlando, FL 32806

**REQUIRED SIGNATURE:**



Tina A. Gerardi  
As Managing 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Date: August 10, 2012

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