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Division of Corporations

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Email Address: chuck@billableproducts.com

FLORIDA LIMITED LIABILITY CO.
US MEDSOURCE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION

US MEDSOURCE, LLC

a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

US MEDSOURCE, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

4315 37th Street East
Palmetto, Florida 34221

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Charles Graham
4315 37th Street East
Palmetto, Florida 34221

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ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

The effective date of the filing of these Articles of Organization shall be April 16, 2013.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 16th day of April 2013.

By: 

CHARLES GRAHAM

"Authorized Representative"

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 808.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

I. The name of the Limited Liability Company is:

US MEDSOURCE, LLC

II. The name and the Florida street address of the registered agent is:

Charles Graham
4315 37th Street East
Palmetto, Florida 34221

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: 

**CHARLES GRAHAM
"REGISTERED AGENT"**

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TALLAHASSEE, FLORIDA

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