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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
MEDSOURCE APP, LLC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be :

**MEDSOURCE APP, LLC.**

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 9200 SOUTH DADELAND BOULEVARD, STE 508, MIAMI, FL 33156

ARTICLE IV

The name of the Manager(S) shall be:

CHRISTOPHER M. TIEN  
1425 BRICKELL AVENUE PH3A  
MIAMI, FL 33131

GREGORY BENNATI  
1445 16<sup>TH</sup> STREET APT. 701  
MIAMI BEACH, FL 33139

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ARTICLE V

The name and Florida street address of the registered agent shall be:

FRED E. GLICKMAN, ESQUIRE  
9200 SOUTH DADELAND BOULEVARD, STE 508  
MIAMI, FL 33156

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

MedSource App, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section <sup>605.0203(1)(b)</sup> Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Fred E. Glickman, Esquire  
Typed or printed name of signee

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