

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L14000108346  
FILED 8:00 AM  
July 09, 2014  
Sec. Of State  
jshivers**

**Article I**

The name of the Limited Liability Company is:  
SOLUTION RESPIRATORY THERAPY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5460 N STATE RTE 7  
STE 218  
FORT LAUDERDALE, FL. 33319

The mailing address of the Limited Liability Company is:  
5040 SW 13TH ST  
NORTH LAUDERDALE, FL. 33068

**Article III**

The name and Florida street address of the registered agent is:  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

Having been named as registered agent and 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.

Registered Agent Signature: ELIZABETH A. SMITH

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
MARIE PIERRE LOUIS JEANESTAL  
5460 N STATE RTE 7 STE 218  
FORT LAUDERDALE, FL. 33319

Title: AMBR  
MARIE GERLYNE CELESTIN  
5460 N STATE RTE 7 STE 218  
FORT LAUDERDALE, FL. 33319

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Signature of member or an authorized representative

Electronic Signature: MARIE PIERRE-LOUIS JEANESTAL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.