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**FLORIDA LIMITED LIABILITY CO.  
LILY MEDICAL, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
LILY MEDICAL, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I**

Name. The name of the limited liability company shall be LILY MEDICAL, LLC ("Company").

**ARTICLE II**

Address. The mailing address and street address of the principal office of the Company shall be 4226 Isle Vista Avenue, Belle Isle, Florida 32812.

**ARTICLE III**

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

**ARTICLE IV**

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 N. Orange Avenue, Suite 900, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is SCOTT E. JOHNSON, ESQUIRE.

**ARTICLE V**

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

NAME

Patrick Tomassi

ADDRESS

4226 Isle Vista Avenue  
Belle Isle, Florida 32812

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IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 20<sup>th</sup> day of August, 2014

  
Patrick Tomassi  
Manager

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared PATRICK J. TOMASSI, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

20<sup>th</sup> WITNESS my hand and official seal in the County and State last aforesaid this day of August, 2014.

  
NOTARY PUBLIC



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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE  
UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING  
APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is LILY MEDICAL, LLC.
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

SCOTT E. JOHNSON  
111 North Orange Avenue, Suite 900  
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.

  
SCOTT E. JOHNSON

August 28, 2014

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