

Florida Department of State

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To:

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From:

Account Name : REZLEGAL, LLC

Account Number : I20140000033

Phone

: (904)567-1177

Fax Number

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FLORIDA LIMITED LIABILITY CO.

Advanced Wound Care of North Florida, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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| Fax: | 850-617-6383 | Pages: | 4 | | II di | 2814 |
| Phone | : | Date: | October 7, 2014 | | \$7.5 \$1.5 | _ [33] |
| Re: | Advanced Wound Care of North Florida, LLC | CC: | | | 0)2. | |
| Urgent | ☐ For Review ☐ Please Com | ment 🛮 Pi | ease Raply | ☐ Plaase | Recyc | |

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CONFIDENTIALITY NOTICE

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ARTICLES OF ORGANIZATION

OF

ADVANCED WOUND CARE OF NORTH FLORIDA, LLC

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I NAME

The name of the limited liability company is Advanced Wound Care of North Florida, LLC (the "Company").

ARTICLE II EFFECTIVE DATE AND DURATION

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing and street address of the principal office of the Company shall be 108 Prince Phillip Drive, St. Augustine, Florida 32092.

ARTICLE IV REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be John Lagoutaris, and its initial registered agent at such office shall be 108 Prince Phillip Drive, St. Augustine, Florida 32092.

ARTICLE V MANAGEMENT OF THE COMPANY

The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole manager of this Company is:

Namo John Lagoutaris Address
108 Prince Phillip Drive
St. Augustine, Florida 32092

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IN WITNESS WHBREOF, the undersigned members of the Company have executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated this 3 nd day of October, 2014.

Зу:

John Lagoriaris, President

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CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 605, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Advanced Wound Care of North Florida, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates John Lagouteris as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 108 Prince Phillip Drive, St. Augustine, Florida 32092.

Dated this 320 day of October, 2014.

By: John Lagontaria, President

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this Ben day of October, 2014.

John Lagoutaris Registered Agent