

L14000164489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

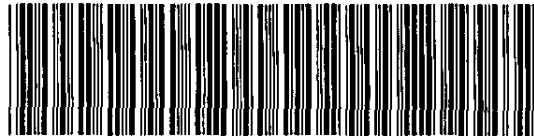
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200264354282

FILED

2014 OCT 21 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE

14 OCT 21 AM 11:05

N. Ouligan

OCT-22-2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 342322 7548888

AUTHORIZATION :

*Spuddelema*

COST LIMIT : \$ 125.00

ORDER DATE : October 17, 2014

ORDER TIME : 4:12 PM

ORDER NO. : 342322-005

CUSTOMER NO: 7548888

DOMESTIC FILING

NAME: SOUTHWEST FLORIDA THERAPEUTICS  
, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED

2014 OCT 21 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
SOUTHWEST FLORIDA THERAPEUTICS, LLC**

Under the revised Florida Limited Liability Company Act, the undersigned authorized representative submits these Articles of Organization for the purpose of forming Southwest Florida Therapeutics, LLC (the "Company").

**ARTICLE I  
NAME AND MANAGEMENT**

The Company's name is Southwest Florida Therapeutics, LLC. The Company is manager-managed.

**ARTICLE II  
MAILING ADDRESS AND STREET ADDRESS**

The mailing address and the street address of the principal office of the limited liability company are the same: 1508 S. Arrawana Avenue, Tampa, Florida 33629.

**ARTICLE III  
NAME AND STREET ADDRESS OF REGISTERED AGENT**

The name of the initial registered agent for service of process in this state is Kris Kraft. The street address of the initial registered agent is 1508 S. Arrawana Avenue, Tampa, Florida 33629.

These Articles of Organization shall be effective upon filing.

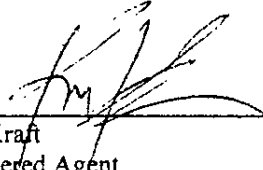
A handwritten signature in black ink, appearing to read 'C. Mark Stevenson', written over a horizontal line.

C. Mark Stevenson  
Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

I accept appointment as registered agent of Southwest Florida Therapeutics, LLC. I am familiar with and accept the obligations of that position, as set forth in Chapter 605, Florida Statutes.

Signed by the undersigned registered agent on October 9, 2014.

  
Kris Kraft  
Registered Agent

FILED  
2014 OCT 21 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA