Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000267256 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. HOSPIMEDIC GROUP LLC

Certificate of Status	1		
Certified Copy	0		
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November 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: HOSPIMEDIC GROUP LLC

REF: W14000069297

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H14000267256 Letter Number: 614A00024411

RECEIVED

14 NOV 18 AN 10: 00

SEREE AU OF COMMERCIAL
INFORMATION SERVICES

Florida Department of State

Attention: New Filings Section .

To whom it may concern:

This is to advise you that the owners of HOSPIMEDICS GROUP LLC of Doc# L11000043721 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

Pedro Perez

09/28/2032 01:45

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ES OF ORGANIZATION

ARTICLE I - Name:

The name of the Limited Liability Company is: (New end with the cords "Limited Liability Company, "LLC," or LLC?

HOSPINEDIC GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

SW 120 ST Suite 211 Miani FL 33186

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

GENERAL CONSUCTIVE SERVICES Sing 14335 SW 120 ST Suize 211 Minni FL

33186

The name and title of each person authorized to manage and control the Limited Liability Company:

PEDRO MERM

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Required Signatures:

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

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

1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 2.817.155, F.S.

Typed or printed name of signee

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 as provided for inf Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

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