

L15000020515

**Florida Department of State
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.

(((H15000027492 3)))



H150000274923ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PURCELL, FLANAGAN, HAY & GREENE
Account Number : 071722000522
Phone : (904) 355-0355
Fax Number : (904) 355-0820

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -3 PM 4:50

FILED

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

Email Address: lflood@jastaxlaw.com

RECEIVED
15 FEB -3 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
PUREMED (FLORIDA), LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. Burch FEB 14 2015

Electronic Filing Menu

Corporate Filing Menu

Help

H15000027492 3

ARTICLES OF ORGANIZATION
OF
PUREMED (FLORIDA), LLC

The undersigned, for the purpose of forming a limited liability company under the laws of Florida, adopts the following Articles of Organization:

Article I
Name

The name of this limited liability company shall be: PUREMED (FLORIDA), LLC

Article II
Principal Office and Mailing Address

The principal office and mailing address of this limited liability company shall

1220 N. FILLMORE STREET, SUITE 400
ARLINGTON, VIRGINIA 22201

Article III
Initial Registered Agent and Address

The name and street address of the initial registered agent of this limited liability company are:

JONATHAN L. HAY
1548 LANCASTER TERRACE
JACKSONVILLE, FLORIDA 32204

Article IV
Effective Date; Duration

4.1. Effective Date. The existence of this limited liability company shall commence on the date these Articles are executed.

4.2. Duration. This limited liability company shall terminate on the date set forth in its Operating Agreement.

Jonathan L. Hay, Esq.
Purcell, Flanagan, Hay & Greene, P.A.
1548 Lancaster Terrace
Jacksonville, Florida 32204
(904) 355-0355
Fla. Bar No.: 456586

H15000027492 3

FILED
15 FEB - 3 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000027492 3

Article V
Purposes

This limited liability company is organized for the purpose of transacting any or all lawful business permitted under the laws of the United States of America and of the State of Florida.


Article VI
Operating Agreement

The initial Operating Agreement of this limited liability company shall be adopted by the members. The Operating Agreement shall be adopted, altered, amended or repealed from time to time as provided in the Operating Agreement.

Article VII
Amendment

The members, by vote of members holding a majority of the interests in the limited liability company, shall have the right to amend or repeal any provision contained in these Articles of Organization.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization the 3rd day of February, 2015.


JONATHAN L. HAY
Authorized Representative

FILED
15 FEB -3 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000027492 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PUREMED (FLORIDA), LLC.
2. The name and the Florida street address of the registered agent are:

JONATHAN L. HAY
1548 LANCASTER TERRACE
JACKSONVILLE, FLORIDA 32204

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 in Chapter 605, Florida Statutes.



JONATHAN L. HAY, Registered Agent

FILED
15 FEB - 3 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000027492 3