FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC Certificate of Status 0	1		'Electronic Filing Cover Sheet	······································
HISODODG41303ABCT 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 : (859)617-6383 From: Account Name :: BUSINESS FILINGS Account Number :: 105256001620 Phone :: (608)827-5300 Fax Number :: (608)827-5501 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC Ccrtificate of Status			• • •	A
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 : (859)617-6383 From: Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC Ccrificate of Status 0			(((H15000054130 3)))	
page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (859)617-6383 From: Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC Ccrtificate of Status 0	1		H150000541303ABCT	
Division of Corporations Fax Number : (850)617-6383 From: Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC	N 	Note: DO	-	
Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC		To:		
annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC Ccrtificate of Status 0		From:	Account Number : 105256001620 Phone : (608)827-5300	
FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC Certificate of Status 0	**;			
FLORIDA LIMITED LIABILITY CO. Gentry Medical Supply LLC Certificate of Status 0		Email	Address:	
	Û Ü S	The second s	Gentry Medical Supply LLCCertificate of Status0Certified Copy1	
Page Count 03 Estimated Charge \$155.00		REAL OF AN		

.

ŀ

1/1

FAX AUDIT # H15000054130 3

ARTICLES OF ORGANIZATION OF Gentry Medical Supply LLC

ARTICLE I NAME

The name of the limited liability company is: Gentry Medical Supply LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall bc: 1964 Datura St, Sarasota, Florida 34239.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Sidney Peykar M.D., 1964 Datura St, Sarasota, Florida 34239. Located in the County of Sarasota.

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, F.S.,

Date: Signature ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the names and addresses of the managers of the Limited Liability Company are:

Sidney Peykar M.D., 1964 Datura St, Sarasota, Florida 34239 Georgios Markoglou, 1500 Bay Road Apt 1562, Miami Beach, Florida 33139 Emmanuel Antonio, 2471 NE 14th St APT 105, Pompano Beach, Florida 33062 Dean Albrecht, 1964 Datura St, Sarasota, Florida 34239

FAX AUDIT # H15000054130 3

TOTAL P.003

FAX AUDIT # H15000054130 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

MWill

Date: February 27, 2015

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Business Filings Incorporated, Organizer Mark Williams, A.V.P. Authorized Representative Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717 608-827-5300

15 NAR -6 1911: 42

FAX AUDIT # H15000054130 3