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Florida Department of State
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Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

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**FLORIDA LIMITED LIABILITY CO.
HEALTHMESH, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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| Page Count | 03 |
| Estimated Charge | \$125.00 |

[Signature] 06/11/15

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**ARTICLES OF ORGANIZATION
OF
HEALTHMESH, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is HEALTHMESH, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

2311 York Drive
Sarasota, FL 34238

The mailing address of the principal office of the Company is as follows:

2311 York Drive
Sarasota, FL 34238

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m. on June 5, 2015.

**ARTICLE IV
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

Jason A. Davis, Esq.
Shuffield, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

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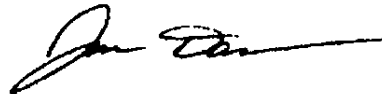
ARTICLE V MANAGEMENT

The name and address of each person authorized to manage and control the Company:

| Title | Name and Address |
|---------|--|
| Manager | Robin Stevenson 2311 York Drive Sarasota, FL 34238 |
| Manager | William Newton 2311 York Drive Sarasota, FL 34238 |

ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.



Jason A. Davis, Esq., as
Authorized Representative

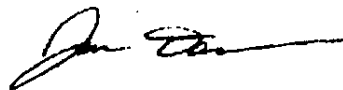
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ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



Jason A. Davis, Esq.