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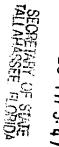
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## **COVER LETTER**

	Registration Section Division of Corporations
eun ie c	Town Center Medical DME LLC
SUBJECT	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Matthew William Sprunt
	Name of Person
	Town Center Medical DME LLC
	Firm/Company
	143 Andalusia Loop
	Address
	Davenport/FL/33837
	City/State and Zip Code
	Msprunt@hotmail.com  E-mail address: (to be used for future annual report notification)
For further:	information concerning this matter, please call:
	Matthew William Sprunt 813 2947524 at (
	Name of Person Area Code Daytime Telephone Number
Enclosed	s a check for the following amount:
\$125.00 F	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclo
	Malling Addings

**Mailing Address** 

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TOT	TF.	Υ_ `	Va.	m'a:
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The name of the Limited Liability Company is:

Town Center Medical DME LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

APPHOVEL AND FILED 15 AUG 28 PM 3: 47 SECRETARY OF STATE

## ARTICLE II - Address:

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

Principal Of	fice Address:		Mailing Address:
610 sycamore street ste 13	30	14	3 Andalusia Loop
Celebration, Fl 34747		<u>D</u>	avenport, FL 33837
another business entity with an active.  The name and the Florida street address.  Ch	not serve as its own Florida registration	n Registered Ager on.) d agent are:	gent's Signature: it. You must designate an individual or
	orida street addre		acceptable)
Ce	lebration	fl	34747
	City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)



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i ne na	ine and address of each	i person audiorized	to manage and control the Lin	nited was they Sampany:			
Title:			Name and Address:	Stronger			
"AMB	R" = Authorized Memb	per		SECHETARY OF STATE TALLAHASSEE FLORIDA			
	." = Manager			THE PARTY OF THE P			
<u>AMBI</u>	<u>R</u>		Matthew William Sprunt				
			610 sycamore street ste 130	<u> </u>			
			Celebration, Fl 34747				
MGR			Amber Marie Sprunt				
····			143 Andalusia Loop				
			Davenport, Fl 33837	_			
			Da. G. Port, T. Book,				
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,	ttachment if necessary)						
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ir an effective of he date of filing		nust be specific an	d cannot be more than five b	usiness days prior to or 90 days a	after		
		does not meet the	annliaghla statutant filing rage	irements, this date will not be list	tad ac		
	effective date on the De			mements, this date will not be its	icu as		
me document s	effective date off the De	epartinent of State	s records.				
ARTICLE VI: (	Other provisions, if any.						
PFOL	<u>URED</u> SIGNATURE:						
MEGG	MED SIGNATURE.						
		1 Total	MA JUST	- Name -			
	Signati	re of a member of	-an authorized representativ	e of a member.			
	This documer	nt is executed in acc	cordance with section 605.020	3(1)(b), Florida Statutes.			
	I am aware tha	at any false informa	ation submitted in a document as provided for in s.817.155, F	to the Department of State			
	Matthe	w William Sprunt					
		Typed	or printed name of signee				
			- <del>-</del>				

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)