

L15000176440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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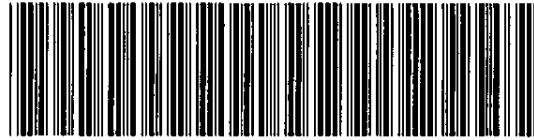
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 19 2015

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**CORPORATE  
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LLC

1. **Med-Link Capital, LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
MED-LINK CAPITAL, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

\* \* \*

**ARTICLE I  
NAME**

The name of this limited liability company is Med-Link Capital, LLC.

**ARTICLE II  
DURATION**

The Company's duration shall be perpetual unless sooner dissolved.

**ARTICLE III  
PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of the Company is 8833 Perimeter Park Blvd., Ste 504, Jacksonville, FL 32216.

**ARTICLE IV  
REGISTERED OFFICE AND AGENT**

The initial registered office of the Company is 1050 Riverside Avenue, Jacksonville, Florida 32204, and its initial registered agent is Sidney S. Simmons, P.L.

**ARTICLE V  
PURPOSE AND POWERS**


The Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

**ARTICLE VI  
MANAGEMENT**

The Company shall be manager managed. The initial manager shall be J. Gordon Terry, an individual.

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IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Organization as of this 16 day of October, 2015.

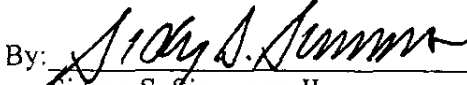
  
Sidney S. Simmons, II  
Authorized Representative

**REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

Having been named as registered agent to accept service of process for the above stated Company, at the place designated in this certificate, I hereby agree to 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.

DATED this 16 day of October, 2014

SIDNEY S. SIMMONS, P.L.

By:   
Sidney S. Simmons, II  
Its President

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