

**L16000017653**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
SRQ Medical, LLC**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION

SRQ MEDICAL, LLC  
a Florida limited liability company

### ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SRQ MEDICAL, LLC

### ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1729 Southpointe Drive  
Sarasota, Florida 34231

### ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:


Simone T. Knego  
1729 Southpointe Drive  
Sarasota, Florida 34231

### ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company.

1/18/2016 2:45:23 PM From: To: 8506176381( 3/4 )

These Articles of Organization have been executed as of the 20th day of January, 2015.

  
\_\_\_\_\_  
Simone T. Knezo

  
\_\_\_\_\_  
Raymond Polito

"MANAGERS"

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

Pursuant to the provisions of Section 605.0203 of the 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:

SRQ MEDICAL, LLC

2. The name and the Florida street address of the registered agent are:

Simone T. Knego  
1729 Southpointe Drive  
Sarasota, Florida 34231

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

1/20/16

\_\_\_\_\_  
Simone T. Knego

"REGISTERED AGENT"