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16 MAY -6 PM 1:25

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MAY 06 2016

T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 132342 149697A

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : May 6, 2016

ORDER TIME : 9:32 AM

ORDER NO. : 132342-005

CUSTOMER NO: 149697A

DOMESTIC FILING

NAME: CARESTREAM AMERICA, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
CAREstream AMERICA, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

**ARTICLE I - NAME**

The name of the company shall be: **CAREstream AMERICA, LLC** (the "Company")

**ARTICLE II - ADDRESS**

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

774 North Lake Boulevard, Suite 1016, Altamonte Springs, Florida 32701

**ARTICLE III - CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, 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: CAREstream AMERICA, LLC
2. The name and the Florida street address of the registered agent are:

Swann Hadley Stump Dietrich & Spears, P.A.

NAME

1031 West Morse Boulevard, Suite 350

Florida Street Address (P.O. Box **NOT** Acceptable)

Winter Park, FL 32789

City, State and 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.

SWANN HADLEY STUMP DIERICH & SPEARS, P.A.,  
a Florida professional association

By: \_\_\_\_\_

Ralph V. Hadley, III

Vice President and Secretary

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#### ARTICLE IV - DURATION

The period of duration for the Company shall be **Perpetual** unless terminated as provided in the Operating Agreement.

#### ARTICLE V - MANAGEMENT

The Company is to be Member managed and the name and address of the Members are:

Petrnick International, Inc.  
774 North Lake Boulevard, Suite 1016  
Altamonte Springs, Florida 32701

Sperry International, Inc.  
774 North Lake Boulevard, Suite 1016  
Altamonte Springs, Florida 32701

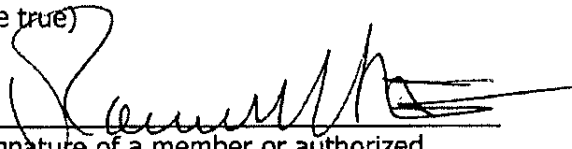
#### ARTICLE VI - STATEMENT OF AUTHORITY

All Company decisions and actions shall be decided by the Managers.

#### ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Operating Agreement.

(In accordance with Section 605.0201(4), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)



Signature of a member or authorized  
Representative of a member

RALPH V. HADLEY, III  
Typed or Printed Name of Signee

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