

L16000119304

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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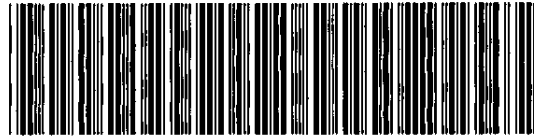
(Business Entity Name)

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LLC

1. **CPAP MY WAY, 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

FOR

CPAP MY WAY, LLC

16 JUN 24 PM 2:57

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I — NAME:

The name of the Limited Liability Company shall be: CPAP My Way, LLC (the "Company").

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

419 Prado Place
Lakeland, 33803

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is 121 North Collins Street, Plant City, Florida 33563, and the name of the registered agent at such address is Keith C. Smith, Esquire.

ARTICLE IV — MANAGEMENT:

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:

Clay Rollyson
419 Prado Place
Lakeland, 33803

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 22nd day of June, 2016. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Clay Rollyson, Organizer

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

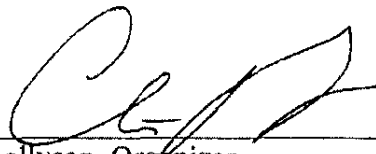
Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

CPAP My Way, LLC
2. The name and address of the registered agent and office is:

Keith C. Smith, Esquire
121 North Collins Street
Plant City, Florida 33563

16 JUN 24 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

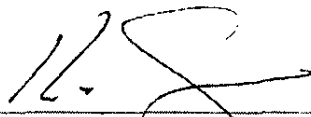


Clay Rollyson, Organizer

6/22/16

DATE

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.



KEITH C. SMITH, ESQUIRE

6-22-16

DATE