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Date: **AUGUST 08, 2016**

Entity Name: **AMNIOVET SOLUTIONS, LLC**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I      NAME**

The name of the Limited Liability Company is:

AMNIOVET SOLUTIONS, LLC

**ARTICLE II      ADDRESS**

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

1824 ASHLEY HALL WAY

TALLAHASSEE, FLORIDA 32308

**ARTICLE III      REGISTERED AGENT**

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

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

*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.*

X   
TRACK COTTLE / Registered Agent's signature

PAGE 2      AMNIOVET SOLUTIONS, LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

LEAH POSTON

1824 ASHLEY HALL WAY

TALLAHASSEE, FLORIDA 32308

-----

x Leah M. Poston, CTBS  
LEAH POSTON / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)*

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