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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
INNOVATIVE MEDICAL COMPONENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

114662

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

INNOVATIVE MEDICAL COMPONENTS, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
25430 NW 8TH LANE	25430 NW 8TH LANE
SUITE 100	SUITE 100
NEWBERRY, FL 32669	NEWBERRY, FL 32669

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SOUTHEAST ACCOUNTING & TAX SERVICES, INC.
Name

713 E ATLANTIC BLVD
Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH	FLORIDA	33060
City	State	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 as provided for in Chapter 605, F.S.

Christine D Pendleton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DAVID F. BELLO LIVING TRUST 25430 NW 8TH LANE, SUITE 100 NEWBERRY, FLORIDA 32669
MGR	DAVID A. BELLO 25510 NW 68TH LANE NEWBERRY, FL. 32669-6611

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (MM/DD/YYYY)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date listed in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DAVID F. BELLO
Typed or printed name of signer

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