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Florida Department of State

Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
GLOBAL MEDICAL SERVICE LLC**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GLOBAL MEDICAL SERVICE, LLC**

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

**ARTICLE II - Address:**

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

**10838 LAGO BELLA DR.  
ORLANDO, FL 32832**

**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:

**REAZ CHOWDHURY  
10838 LAGO BELLA DR.  
ORLANDO, FL 32832**

*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..*

  
REAZ CHOWDHURY/ Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each officer is as follows:

**REAZ CHOWDHURY - President and CEO/MGR**  
10838 LAGO BELLA DR.  
ORLANDO, FL 32832

**SAYEED A. KHONDOKER - Vice President/MGR**  
1327 HUNTERMAN LANE  
WINTER GARDEN, FL 34787

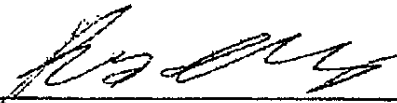
**AJMAL ALI BAIG - Vice President**  
10507 sunrise terrace drive  
ORLANDO, FL 32825

**TAUFIQ HASAN - Director**  
1327 HUNTERMAN LANE  
WINTER GARDEN, FL 34787

**SHARMIN HUDA -Director**  
10838 LAGO BELLA DR.  
ORLANDO, FL 32832

**ARTICLE V: Effective date**, if other than the date of filing: **09/13/16**  
(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.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(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. )

**REAZ CHOWDHURY**  
Typed or printed name of signee

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