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**FLORIDA LIMITED LIABILITY CO.
PRIMARY CHOICE MEDICAL SUPPLIES LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PRIMARY CHOICE MEDICAL SUPPLIES 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:6821 FALCONSGATE AVE
DAVIE, FL 33331**Mailing Address:**6821 FALCONSGATE AVE
DAVIE, FL 33331**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:

SHANE P. CAMUS

Name

6821 FALCONSGATE AVEFlorida street address (P.O. Box **NOT** acceptable)DAVIE

City

FL 33331

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.



Registered Agent's Signature (REQUIRED)

SHANE P. CAMUS

(CONTINUED)

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ARTICLE IV-

Title:

"MGR" = Manager

DAVIE, FL 33331



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