9/12/2018,

Division of Corporations

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To:

Division of Corporations

Fax Number

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (614)280-3338

Phone

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

Certificate of Status Certified Copy 0 Page Count 04

SDS Medical, LLC Estimated Charge \$125.00

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ARTICLES OF ORGANIZATION

SDS MEDICAL, LLC, a Florida limited liability company

ARTICLE I <u>NAME</u>

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SDS MEDICAL, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

> 5831 Bee Ridge Road Suite 200 Sarasota, Florida 34233

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Christopher R. Sforzo, M.D. 583! Bee Ridge Road Suite 200 Sarasota, Florida 34233

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

> Christopher R. Sforzo, M.D. 5831 Bee Ridge Road Suite 200 Sarasota, Florida 34233

SLK_SAR:#469547v1



Soptemer, 2018.

Christopher R. Sforzo, M.D.

"MANAGER"



SUK_SAR-#469547v1

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

SDS MEDICAL, LLC

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

> Christopher R. Sforzo, M.D. 5831 Bee Ridge Road Suite 200 Sarasota, Florida 34233

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

"REGISTERED AGENT"

