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(Requestor's Name)

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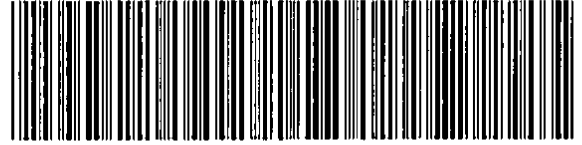
(Business Entity Name)

(Document Number)

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19 JUN 18 AM 11:12

FILED
2019 JUN 18 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2019

Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 811203 149697A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : June 17, 2019

ORDER TIME : 8:50 AM

ORDER NO. : 811203-005

CUSTOMER NO: 149697A

DOMESTIC FILING

NAME: CARESTREAM MEDICAL
INTERNATIONAL, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
CARESTREAM MEDICAL INTERNATIONAL, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of the company shall be: **CAREstream Medical International, LLC**
(the "Company")

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company:

774 North Lake Boulevard, Suite 1016
Altamonte Springs, Florida 32701

**ARTICLE III - CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, 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: **CAREstream Medical International, LLC**
2. The name and the Florida street address of the registered agent are:

Swann Hadley Stump Dietrich & Spears, P.A.

NAME

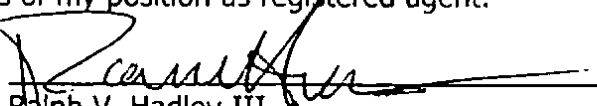
200 East New England Avenue, Suite 300

Florida street address (P.O. Box **NOT** Acceptable)

Winter Park, FL 32789

City, State and 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.


Ralph V. Hadley III
Signature

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ARTICLE IV - DURATION

The period of duration for the Company shall be **Perpetual** unless terminated as provided in the Operating Agreement.

ARTICLE V - MANAGEMENT

The Company is to be manager managed and the name and address of the Managers are:

Al Sperry
774 North Lake Boulevard, Suite 1016
Altamonte Springs, FL 32701

Blake Petrunick
774 North Lake Boulevard, Suite 1016
Altamonte Springs, FL 32701

Paul Damiani
774 North Lake Boulevard, Suite 1016
Altamonte Springs, FL 32701

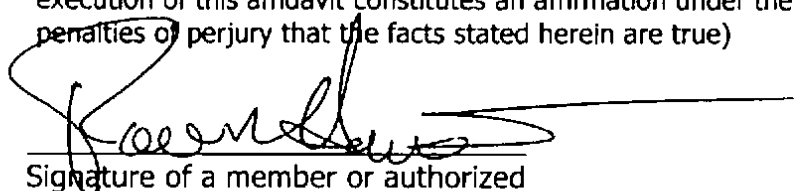
ARTICLE VI – STATEMENT OF AUTHORITY

All Company decisions and actions shall be decided by the members.

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Operating Agreement.

(In accordance with Section 605.0201(4), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)



Signature of a member or authorized
Representative of a member

RALPH V. HADLEY III
Typed or Printed Name of Signee