

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L19000211636  
FILED 8:00 AM  
August 19, 2019  
Sec. Of State  
thampton

**Article I**

The name of the Limited Liability Company is:  
SJB MEDICAL SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2157 LAKERIDGE DRIVE  
WINTER HAVEN, FL. 33881

The mailing address of the Limited Liability Company is:  
PO BOX 2417  
WINDERMERE, FL. 34786

**Article III**

Other provisions, if any:  
ANY LEGAL BUSINESS

**Article IV**

The name and Florida street address of the registered agent is:  
ROBERT SEXTON  
2157 LAKERIDGE DRIVE  
WINTER HAVEN, FL. 33881

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.

Registered Agent Signature: ROBERT SEXTON

## Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ROBERT SEXTON  
PO BOX 2417  
WINDERMERE, FL. 34786

Title: AMBR  
JOSEPH G ANDRIOLE DR.  
PO BOX 2417  
WINDERMERE, FL. 34786

Title: AMBR  
BRIAN BOWEN  
PO BOX 2417  
WINDERMERE, FL. 34786

Signature of member or an authorized representative

Electronic Signature: ROBERT SEXTON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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