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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : INGRID M. BACHELOR C.P.A.
Account Number : I20000000120
Phone : (954)421-3310 752-2758
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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.

Email Address: ingrid@bachelorassociates.com

FLORIDA LIMITED LIABILITY CO.
SCIMED Global, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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OCT 08 2019

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ARTICLES OF ORGANIZATION
OF
SCIMED Global, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I
NAME

The name of this limited liability company is:
SCIMED Global, LLC

ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

321 West Tropical Way,
Plantation, Florida, 33317

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE

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

Howard Lau
321 West Tropical Way,
Plantation, Florida 33317

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.


Howard Lau, Registered Agent

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FILED
2019 OCT -7 AM 9:27
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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ARTICLE IV
MANAGEMENT

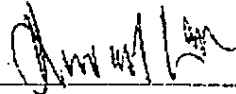
The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Howard Lau
321 West Tropical Way
Plantation, Florida 33317

Manager

Elsie Lau
321 West Tropical Way
Plantation, Florida 33317

Authorized Member



Howard Lau, Authorized Representative of the
Member

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under 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.)

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