

L20000128356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

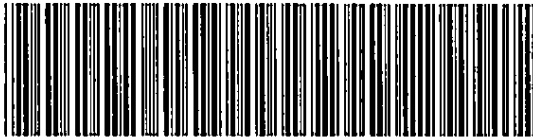
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000340897710

02/28/20--01010-101 **150.00

C RICO

FEB 20 2023

W2000002566

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB 20 PM 1:23

MISC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SoReX, LLC

(Must contain 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:

Mailing Address:

Frank H. Wright, c/o U.S. Medical
Specialties, 1602 N. Florida Avenue,
Tampa, Florida 33602

Same as Principal Office
Address

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:

Frank H. Wright

Name

c/o U.S. Medical Specialties, 1602 N. Florida Avenue, Tampa,
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33602
City 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)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
20 FEB 20 PM 1:23

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Frank H. Wright

c/o U.S. Medical Specialties

1602 N. Florida Avenue, Tampa, FL 33602

MGR

Bernadine M. Wright

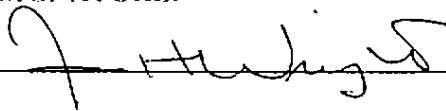
c/o U.S. Medical Specialties

1602 N. Florida Avenue, Tampa, FL 33602

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Frank H. Wright

Typed or printed name of signer

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

FILED
20 FEB 20 PM 1:23

SECRETARY OF STATE
DIVISION OF CORPORATIONS