

7/7/2020

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GRAY ROBINSON

Division of Corporations

No. 1323 P. 1

**L200 0018 2423**

Florida Department of State

Division of Corporations

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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: tucker.thoni@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.**

**Florida PPE Solutions, LLC**

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of this Limited Liability Company is: **Florida PPE Solutions, LLC**

**ARTICLE II**

**Address**

The initial mailing address and street address of the principal office of this Limited Liability Company is:

301 E. Pine Street, Suite 1400  
Orlando, FL 32801

**ARTICLE III**

**Purpose**

This Limited Liability Company is organized for the purposes of buying and selling personal protection equipment ("PPE"), and for any other lawful business under Chapter 605, Florida Statutes.

**ARTICLE IV**

**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**

**Registered Agent, Registered Office & Registered Agent's Signature**

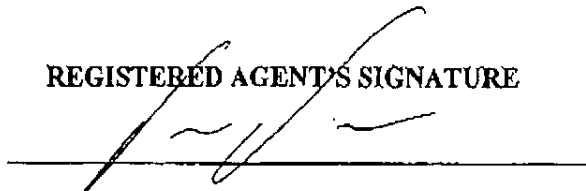
The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801  
Attn: Tucker Thoni, Esq.

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

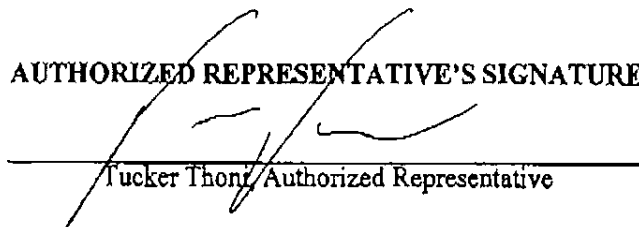
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REGISTERED AGENT'S SIGNATURE



*In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the 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 in Section 817.155, Florida Statutes.*

AUTHORIZED REPRESENTATIVE'S SIGNATURE



Tucker Thorne Authorized Representative

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