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JUL 31 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GTS MEDICAL, L.L.C.

Signature _____

Requested by: BA

7/29/20

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Art of Inc. File _____

LTD Partnership File _____

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☒ L.C. File _____

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR GTS Medical, L.L.C.

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **GTS Medical, L.L.C.**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **8050 Seminole Blvd, Seminole, FL 33772**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **John Grove, 8050 Seminole Blvd,
Seminole, FL 33772**

ARTICLE V: AUTHORIZED MANAGERS

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

Jeffrey Grove, Manager, 12020 Seminole Blvd, Largo, FL 33778

Tyrone Tvedten, Manager, 12020 Seminole Blvd, Largo, FL 33778

Randy Shuck, Manager, 6027 Gulfport Blvd S, Gulfport, FL 33707

**The undersigned has executed these Articles of Organization for filing purposes this 29th
day of July 2020.**

/S/ John Grove as Authorized Representative for GTS Medical, L.L.C.

Authorized Representative

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **GTS Medical, L.L.C.**
2. The name and street address of the registered agent and office is:

John Grove, 8050 Seminole Blvd, Seminole, FL 33772

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ John Grove

John Grove

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SECRETARY OF STATE
TALLAHASSEE, FL