

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

L20000319801  
FILED 8:00 AM  
October 09, 2020  
Sec. Of State  
jsdennis

**Article I**

The name of the Limited Liability Company is:  
SPECIALTIES MEDICAL SUPPLIES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6474 NW 103RD PASSAGE  
DORAL, FL. US 33178

The mailing address of the Limited Liability Company is:  
6474 NW 103RD PASSAGE  
DORAL, FL. US 33178

**Article III**

The name and Florida street address of the registered agent is:  
BGCONGROUP LLC  
8180 NW 36TH ST  
UNIT 407  
DORAL, FL. 33166

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: HECTOR JIMENEZ

### **Article IV**

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

Title: MGR  
JASON JORDAN  
6474 NW 103RD PASSAGE  
DORAL, FL. 33178 US

Title: MGR  
IRENE SOLANO  
6474 NW 103RD PASSAGE  
DORAL, FL. 33178 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

10/08/2020

Signature of member or an authorized representative

Electronic Signature: JASON JORDAN

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.