Division of Corporations

# Florida Department of State

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(((H21000122135 3)))



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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. **ACUTE CARE GASES OF F1, LLC**

Certificate of Status	0
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## Fm: Interstate Filings LLC To: ACUTE CARE CASES OF F1, LLC (18506176381) (((H210001221353)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA HMITED HABILITY COMPANY

Authorition of the state of the	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Acute Care Gases of Fl, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	871 - 1 1 - 5 - 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2
The mailing address and street address of the principal office o	it the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4040 Kidron Rd, Unit 7	23 Nutmeg Valley Road
Lakeland, FL, 33811	Wolcott, CT 06716
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis	
another business entity with an active Florida registration.)	tered Agent. Too mast designate an materialist of
anouter outsites entry with all active references.	
The name and the Florida street address of the registered agent	tare:

INTERSTATE AGE <u>NT SERVICES, LLC</u>	

Name

### 100 SE 2nd Street Suite 2000 #209

Florida street address (P.O. Box NOT acceptable)

MIAMI	FL	33131
City	State	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)

*MGR* = Manager  MGR	Title: "AMBR" = Author	vigal Mambar	Name and Address:
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	·		
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	MGR		Ben Cohen
(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:			23 Nutmeg Valley Road
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:			Wolcott, CT 06716
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Signature of a montative 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.  Ben Cohen  Typed or printed name of signee  Filing Fees:	.E V: Effective da ective date is liste	ite, if other than the do	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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