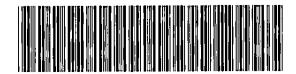
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Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 926123 8284021

AUTHORIZATION : July 23 8284021

COST LIMIT : \$ 125/00

ORDER DATE : July 23, 2021

ORDER TIME : 2:0 PM

ORDER NO. : 926123-005

CUSTOMER NO: 8284021

DOMESTIC FILING

NAME: INTENSIVE CARE SOLUTIONS, LLC

EFFECTIVE DATE:

CORPORATION SERVICE COMPANY

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes, hereby adopts the following Articles of Organization for such Company:

ARTICLE I - NAME

The name of this limited liability company is:

Intensive Care Solutions, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Company is 8600 SW 92nd Street, Suite 204B, Miami, Florida 33156.

ARTICLE III - INITIAL REGISTERED AGENT

The name of the initial Registered Agent of the Company is Steven J. Schermer. The street address of the initial Registered Agent Office is 401 E. Las Olas Blvd., Suite 1400, Fort Lauderdale, FL 33301.

ARTICLE IV - MANAGEMENT

The Company is to be managed by the Members of the Company and is, therefore, a member-managed company.

<u>ARTICLE V - AMENDMENTS</u>

The power to amend these Articles of Organization is reserved in the Members of the Company and any such amendment requires the unanimous written consent of all of the Members of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 23 day of July, 2021.

Steven J. Schermer, Authorized Representative

(In accordance with Section 605.0203(3), 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 for in Section 817.155, Florida Statutes).

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ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of Intensive Care Solutions, LLC, as made in the foregoing Articles of Organization, and agree to act in such 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 the initial Registered Agent of Intensive Care Solutions, LLC as provided for in Chapter 605, Florida Statutes.

Date: July 23_, 2021

Steven J. Schermer, Initial Registered Agent

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