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Division of Corporations

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To:

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Fax Number : (850)617-6381

From:

Account Name : FOGARTY, MUELLER, HARRIS, PLLC
Account Number : 120200000168
Phone : (813)549-4490
Fax Number : (813)441-8288

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: micah@fmhlegal.com

FLORIDA LIMITED LIABILITY CO. Specialized Infusions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
OF
SPECIALIZED INFUSIONS, LLC**

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act, and pursuant to the following Articles of Organization:

ARTICLE 1
Name

The name of this limited liability company is: **Specialized Infusions, LLC** (hereafter, the "Company").

ARTICLE 2
Effective Date

The Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

ARTICLE 3
Mailing Address and Principal Office

The address of the principal office and the mailing address of the Company is 521 Tuscan Way, STE 202, #265, Saint Augustine, FL 32092.

ARTICLE 4
Initial Registered Office and Agent

The street address of the initial registered office of the Company is 100 E. Madison Street, Suite 202, Tampa, FL 33602, and the name of the initial registered agent of the Company at that address is Micah G. Fogarty.

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ARTICLE 5
Management of the Company

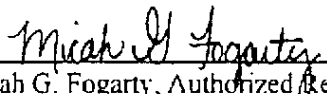
The Company is to be managed by one or more managers and is, therefore, a manager-managed limited liability company within the meaning of Section 605.0102(39) of the Act. The name and address of the initial manager of the Company are:

Specialized Services Intl., LLC
52 Tuscan Way, STE 202, #265
Saint Augustine, FL 32092

ARTICLE 6
Indemnification

The Company shall indemnify its managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization on April 25, 2022.



Micah G. Fogarty, Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE OF
SPECIALIZED INFUSIONS, LLC**

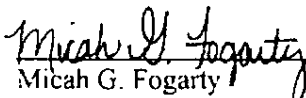
Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: Specialized Infusions, LLC.
2. The name and address of the registered agent and office are:

Micah G. Fogarty
100 E. Madison Street, Suite 202
Tampa, FL 33602

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, Florida Statutes.

Dated: April 25, 2022.


Micah G. Fogarty

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TALLAHASSEE, FLORIDA

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