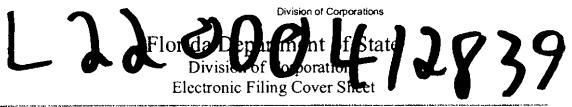
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Division of Corporations

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Account Name : HUBCO

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Email Address: CYN919@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. Imunique Anesthetics LLC Certificate of Status Certified Copy 0 Page Count 03 \$130.00 Estimated Charge

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14.15

H22000329259

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE II - Name: Imunique Anesthetics LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1823 E De Soto Street Pensacola, FL 32501 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cynthia Ann Gebhart	
Name	e
1823 E De Soto Street	
Florida street address (P.O. Bo	x NOT acceptable)
Pensacola	FL 32501
City	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 dutter and I am Jamiliar with and accept the obligations of my position as registered agent as provided for in

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rtif
Registered Agent's Signature (REQUIRED)
Cynthia Ann Gebhart

CONTINUED)
Page 10/2

EP 22 AMII:

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## H22000329259

Title:	= Authorized Member	Name and Address:	
"MGR" =	Manager	O All A Oalshad	
A	MBR Target Targe	Cynthia Ann Gebhart	
		1823 E De Soto Street	<del></del>
		Pensacola, FL 32501	<del></del>
			_
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(Use attac	hment if necessary)		
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