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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number ; (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. **BRM MEDICAL LLC**

Certificate of Status	
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**E**,elp

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
BRM Medical. LLC.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
12101 5W 31 St Mani, Th 33175	
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (The Limited Liability	. •
Company cannot serve as its own Registered Agent. You must designate on individual or another business enting	
with an active Florida registration.)	:
Mercy Anott Collaro Alarcon	<ភ
Heroy Anoth Collazo Alarcon. 12101 SW 31 ST	+
Miami FL 33175	·
ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
May Anoth Colles ALARCON (AMBR)	

## Required Signatures:

3052201440

X New	ή·
	er or an authorized representative of a member.
Signature of a mem	er or an authorized representative of a intemper.
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In accordance with section 605.0203 (1) (b), 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 s.817.155, F.S.

Having been named as registered agent and to accept service of process for the above stated limited lial-ility 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)