

Florida Department of State

L24000339181
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address: nora.miller@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.

Cactus Health Sciences, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is: **Cactus Health Sciences, LLC**

ARTICLE II
Address

The initial mailing address and street address of the principal office of this Limited Liability Company is:

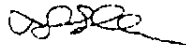
301 E Pine Street, Suite 1400
Orlando, Florida 32801

ARTICLE III
Registered Agent, Registered Office & Registered Agent's Signature

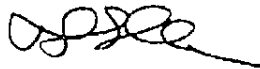
The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.
Attention: Nora Miller, Esq.
301 E. Pine Street, Suite 1400
Orlando, FL 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.



REGISTERED AGENT'S SIGNATURE



AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

Nora Miller, Authorized Representative
Type or printed name of signee

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