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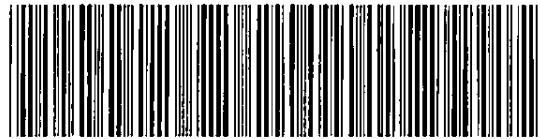
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 OCT - 1 AM 12:44

ND

September 6, 2024

Florida Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32301

Subj: Articles of Organization - LG MEDICAL LLC

Dear Sir:

Enclosed please find the following:

1. The original and one copy of the Articles of Organization for the subject limited liability company. Please certify one copy and return it to the undersigned.
2. My check in the amount of \$155.00 to cover the filing fees.
3. Designation of Resident Agent.

Kindly acknowledge filing of these Articles of Organization in compliance with Florida law and return the certified copy of the Articles of Organization to the undersigned at Atlantic Nonlawyer Services, Inc., 294 East Eau Gallie Blvd., Indian Harbour Beach, FL 32937. Telephone Number (321) 773-2020.

Thank you for your assistance in this matter.

Sincerely,

  
LILIANA D. GUTIERREZ PALATI

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ARTICLES OF ORGANIZATION

OF

LG MEDICAL LLC

ARTICLE I. NAME

The name of this Limited Liability Company is

LG MEDICAL LLC

ARTICLE II. DURATION

This Limited Liability Company shall have perpetual existence.

ARTICLE III. PURPOSE

This Limited Liability Company is organized for the purpose of transacting any or all lawful business.

ARTICLE IV. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the limited liability company is located at 782 Hawksbill Island, Satellite Beach, FL 32937 and the mailing address of the limited liability company is 782 Hawksbill Island Drive, Satellite Beach, FL 32937.

ARTICLE V. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED

AGENT'S SIGNATURE:

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

ATLANTIC NONLAWYER SERVICES, INC.  
294 East Eau Gallie Blvd.  
Indian Harbour Beach, FL 32937

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 with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Nadean C. Greer  
Registered Agent Signature

#### ARTICLE VI. MANAGEMENT

The name and address of each person authorized to manage and control the Limited liability Company:

LILIANA D. GUTIERREZ PALTÍ, AMBR  
782 Hawksbill Island Drive  
Satellite Beach, FL 32937

#### ARTICLE VII. AMENDMENTS

This limited liability company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment hereto.

IN WITNESS WHEREOF the undersigned member has executed these  
articles of organization on this 20<sup>th</sup> day of Sept., 2024.

Liliana D. Gutierrez Palti  
LILIANA D. GUTIERREZ PALTÍ

(In accordance with Section 605.0203 (1)(b), Florida Statutes, the executive 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.)

STATE OF FLORIDA  
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, by means of physical presence, LILIANA D. GUTIERREZ PALTÍ to me known to be the person described as a member in and who executed the foregoing Articles of Organization, and who acknowledged before me that she subscribed to those Articles of Organization and presented her FL/DL as her photo-identification.

WITNESS my hand and official seal in the County and State named above this 20<sup>th</sup> day of Sept., 2024.

Nadean C. Greja  
Notary Public

