

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L24000436914
FILED 8:00 AM
October 11, 2024
Sec. Of State
kcostello

Article I

The name of the Limited Liability Company is:
AEROANESTHESIA SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
208 LEE ST.
OLDSMAR, FL. US 34677

The mailing address of the Limited Liability Company is:
208 LEE ST.
OLDSMAR, FL. US 34677

Article III

Other provisions, if any:

DISTRIBUTION AUTHORITY - THE MEMBERS MAY IN THEIR
DISCRETION DISTRIBUTE THE PROFITS AND/OR CAPITAL OF THE LLC
BUSINESS PRO-RATA OR NON-PRO-RATA AS THEY DEEM ADVISABLE.
IF THE MEMBERS MAKE NON-PRO-RATA DISTRIBUTIONS, THOSE SHALL
BE TAKEN INT

Article IV

The name and Florida street address of the registered agent is:
JAMES GRAY
208 LEE ST.
OLDSMAR, FL. 34677

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.

Registered Agent Signature: JAMES GRAY

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
JAMES GRAY
208 LEE ST.
OLDSMAR, FL. 34677 US

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Signature of member or an authorized representative

Electronic Signature: DAVID MINSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.