

September 9, 1999

Florida Department of State

L99000006/05

Following are the completed forms dissolution of the Platinum Healthcare, Inc. and the completed forms for the organization of Platinum Healthcare, L.L.C. I am dissolving and re-organizing as a limited liability corporation. I have enclosed a check for to Florida Dept. of State for \$346.25 for the L.L.C. I also included a separate check for \$35.00 for the articles of dissolution. If there are any problems please contact me.

Thank you,

*Philip F. Mueller*

Philip F. Mueller

5616 Crain  
Morton Grove, IL 60053

Daytime phone: 312-849-5653  
Evening phone: 847-583-1922

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sent By: SCHAFER, MITCHELL, &amp; SHERIDAN, PA; 407 839 3330 ; Aug-27-99 5:30PM;

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Platinum Healthcare Equipment, LLC

**ARTICLE II - Address:**

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

P.O. Box 211  
Morton Grove, IL 60053**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:Philip Mueller  
5616 Crain  
Morton Grove, IL 60053**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

With the approval of the majority percentage (51%)  
of members, additional members shall be admitted.SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

If a majority percentage of membership (51%) votes to continue the limited liability company, the company will continue the business.

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of \_\_\_\_\_

Platinum Healthcare Equipment, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 500.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 500.00 .



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Philip F. Mueller

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Platinum Healthcare Equipment, LLC

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

Steve Sheridan

NAME

800 S. Orlando Ave, Suite 100

Florida street address (P. O. Box NOT ACCEPTABLE)

Maitland

FL

CITY, STATE AND ZIP

32751

*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.*

Steve Sheridan

SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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TALLAHASSEE, FLORIDA

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