02/19/2025 3:54 PM

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000063902 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. SRB Medical, LLC

Certificate of Status Certified Copy 0 02 Page Count

Estimated Charge \$125.00

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 4

(((H25000063902 3)))

Fax: Anonymous

ARTICLES OF ORGANIZATION OF SRB MEDICAL, LLC

The undersigned organizer, who is the authorized representative of SRB Medical, LLC (the "Company") under the Florida Revised Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of this Company is SRB Medical, LLC

ARTICLE II - PRINCIPAL OFFICE

The street address and the mailing address of the principal office of the Company are 3596 Melcon Farms Way, Jacksonville, Florida 32223.

ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are Sindhuja Tatagari and 3596 Melcon Farms Way, Jacksonville, Florida 32223.

ARTICLE IV - MANAGEMENT

The Company shall be a manager-managed company. The name of the initial manager is Sindhuja Tatagari.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on February <u>19</u>, 2025.

Sindhuja Tatagari

Authorized Representative

Sindhyp Johgaro



(((H250000639023)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, SRB Medical, LLC, a Florida 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 SRB Medical, LLC.
- 2. The name and the Florida street address of the registered agent and office are Sindhuja Tatagari and 3596 Meleon Farms Way, Jacksonville, Florida 32223.

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. Sindhuja Tatagari hereby accepts the appointment as registered agent and agrees to act in this capacity. Sindhuja Tatagari further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of her position as registered agent as provided for in Chapter 605. F.S.

Sindhuja Tatagari

Date: February <u>19</u>, 2025

Svidhya Tobgoro

4916-6322-3837, v. 1

(((H25000063902 3)))