



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

WOLTERS KLUWER
SUITE 600 SOUTH 2ND STREET 104
SPRINGFIELD, IL 62704

Certification Date: 04/28/2025
Certificate No. 11034

CERTIFIED COPIES REPORT

Business Name: STATESERV MEDICAL OF NEW MEXICO, L.L.C.

Filing Description: Domestic Limited Liability Company

I, Maggie Toulouse Oliver, Secretary of State, do hereby certify that the referenced filing is a true and correct copy of the Business filing for the above business, with attached copies, which appear of record in this Department.

Filing Details

Filing #	Reference #	Date Filed	Filing Description
874580	BF1479169-1	2009-08-21	Business Formation
1928896	BF1479172M	2019-03-12	Amendment
	-1		
3032705	C0522-8544	2025-03-19	Amendment

** **** * End of list ***** **

EMPLOYEE

JC

4198271

6

Name

STATESERV MEDICAL OF NEW MEXICO, L.L.C.



- ☐ ARTICLES OF INCORPORATION
- ☐ ARTICLES OF AMENDMENT
- ☐ RESTATED ARTICLES OF INCORPORATION
- ☐ APPLICATION FOR CERTIFICATE OF AUTHORITY
- ☐ AMENDED CERTIFICATE OF AUTHORITY
- ☒ ARTICLES OF ORGANIZATION
- ☐ RESTATED ARTICLES OF ORGANIZATION
- ☐ APPLICATION FOR REGISTRATION OF FLC
- ☐ AMENDED CERTIFICATE OF REGISTRATION
- ☐ INITIAL BYLAWS
- ☐ AMENDED BYLAWS
- ☐ MERGER

- ☐ WITHDRAWAL
- ☐ STATEMENT OF INTENT
- ☐ DISSOLUTION
- ☐ OTHER

FILED IN OFFICE OF
NM PUBLIC REG. COMM.
AUG 21 2009
CORPORATION BUREAU



OFFICE OF THE
PUBLIC REGULATION COMMISSION

CERTIFICATE OF ORGANIZATION

OF

STATESERV MEDICAL OF NEW MEXICO, L.L.C.

4198271

The Public Regulation Commission certifies that the Articles of Organization, duly signed & verified pursuant to the provisions of the

LIMITED LIABILITY COMPANY ACT

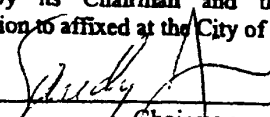
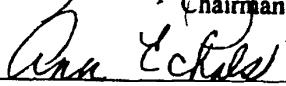
(53-19-1 TO 53-19-74 NMSA 1978)

have been received by it and are found to conform to law.

Accordingly, by virtue of the authority vested in it by law, the Public Regulation Commission issues this Certificate of Organization and attaches hereto, a duplicate of the Articles of Organization.

Dated: AUGUST 21, 2009

In testimony whereof, the Public Regulation of the State of New Mexico has caused this certificate to be signed by its Chairman and the seal of said Commission to affix at the City of Santa Fe.


Chairman

Bureau Chief

4198271

FILED IN OFFICE OF
NM PUBLIC REG. COMM.

AUG 21 2009

CORPORATION BUREAU

**Limited Liability Company
ARTICLES OF ORGANIZATION**

The undersigned, acting as organizer(s) of a limited liability company pursuant to the New Mexico Limited Liability Company Act, adopt the following Articles of Organization:

ARTICLE ONE: The name of the limited liability company is: STATESERV MEDICAL OF NEW MEXICO, L.L.C.

ARTICLE TWO: The period of duration (if other than perpetual) is: _____

ARTICLE THREE:

(1) The New Mexico street address of the company's initial registered office is:
123 East Marcy, Santa Fe, New Mexico 87501

(P.O. Box is not acceptable. Provide a description of the geographical location if a street address does not exist.)

(2) The name of the initial registered agent at that address is: C T Corporation System

(3) The street address of the company's principal place of business, if different from its registered office, is: 3301 Candelaria NE, Ste. A, Albuquerque, NM 87107

ARTICLE FOUR (check only if applicable):

☒ **YES** Management of the business and affairs of the company is vested in a manager.

ARTICLE FIVE (check only if applicable):

☐ **YES** The limited liability company is a single member limited liability company.

ARTICLE SIX: If these Articles of Organization are not to be effective upon filing with the commission, the effective date is: *(if an effective date is specified here, it cannot be a date prior to the date the articles are received by the commission)* _____

Dated: 8-14-09

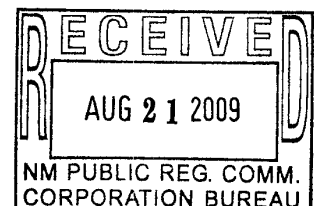
Charles M Paxon

CHARLES M. PAXON

Signature of Organizer(s)

Printed Name(s)

**Form DLLC
(revised 07/03)**



AUG 21 2009

STATEMENT OF ACCEPTANCE OF APPOINTMENT
BY DESIGNATED INITIAL REGISTERED AGENT

CORPORATION BUREAU

I, C T Corporation System / By: Maria Ozaeta,

hereby acknowledge that the undersigned individual or corporation accepts the

appointment as Initial Registered Agent of
StateServ Medical of New Mexico, L.L.C.

the limited liability company which is named in the annexed Articles of Organization.

(Sign on this line if the registered agent named in the Articles of Organization is an individual.

If this line is signed, the two lines below do not apply and must be left blank.)

.....
CORPORATION ACTING AS A REGISTERED AGENT ONLY

(If the following lines are used, the signature line above does not apply and must be left blank)

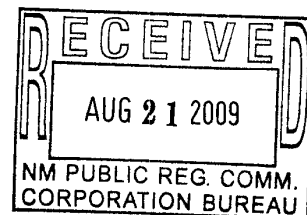
C T Corporation System / Maria Ozaeta, Vice President

(If the registered agent named in the Articles of Organization is a corporation, limited liability company, or partnership, type or print the name of that entity here.)

By Maria Ozaeta

(An authorized person of the entity being appointed as registered agent must sign here)

Form DLLC-STMNT
(revised 07/03)



NEW MEXICO PUBLIC REGULATION COMMISSION

COMMISSIONERS

DISTRICT 1 JASON MARKS
DISTRICT 2 DAVID W. KING, VICE CHAIRMAN
DISTRICT 3 JEROME D. BLOCK
DISTRICT 4 CAROL K. SLOAN
DISTRICT 5 SANDY JONES, CHAIRMAN



1120 Paseo de Peralta/P.O. Box 1269
Santa Fe, NM 87504-1269
Daniel Mayfield, Chief of Staff

CORPORATION BUREAU
(505) 827-4508

AUGUST 24, 2009

DOUGLAS K. COOK
40 NORTH CENTER STREET #110
MESA, AZ 85201-7300

RE: STATESERV MEDICAL OF NEW MEXICO, L.L.C.
SCC#4198271

BE ADVISED THAT THIS COMMISSION HAS APPROVED AND FILED THE ARTICLES OF ORGANIZATION, FOR THE ABOVE REFERENCED ORGANIZATION EFFECTIVE AUGUST 21, 2009.

THE ATTACHED CERTIFICATE DOES NOT CONSTITUTE AUTHORIZATION FOR THE ABOVE REFERENCED ORGANIZATION TO TRANSACT ANY BUSINESS WHICH REQUIRES COMPLIANCE WITH OTHER APPLICABLE FEDERAL OR STATE LAWS, INCLUDING, BUT NOT LIMITED TO, STATE LICENSING REQUIREMENTS. IT IS THE ORGANIZATION'S SOLE RESPONSIBILITY TO OBTAIN SUCH COMPLIANCE WITH ALL LEGAL REQUIREMENTS APPLICABLE THERETO PRIOR TO ENGAGING IN THE BUSINESS FOR WHICH IT HAS OBTAINED THE ATTACHED CERTIFICATE OF ORGANIZATION.

THE ATTACHED ARTICLES OF ORGANIZATION SHOULD BECOME A PERMANENT DOCUMENT OF THE ORGANIZATION'S RECORDS. YOUR CANCELLED CHECK, AS VALIDATED BY THIS COMMISSION, IS YOUR RECEIPT. IF YOU HAVE ANY QUESTION, PLEASE CONTACT THE CHARTERED DOCUMENT DIVISION AT (505) 827-4511 FOR ASSISTANCE.

CHARTERED DOCUMENT DIVISION
JC

Douglas K. Cook
ATTORNEY AT LAW

Certified Specialist in Taxation Law

40 North Center Street #110
Mesa, Arizona 85201-7300

Telephone 480/461-4660
Facsimile 480/461-4665
E-Mail cookpc@qwestoffice.net

August 18, 2009

Public Regulation Commission
New Mexico Corporations Bureau
Chartered Documents Division
P.O. Box 1269
Santa Fe, NM 87504-1269

Re: Formation of New Mexico Limited Liability Company

Dear Sir or Madam:

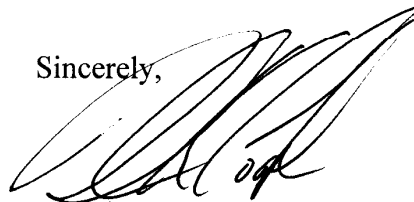
Enclosed for filing are the following documents:

1. Original and one copy of Articles of Organization for StateServ Medical of New Mexico, L.L.C.
2. Original and one copy of Statement of Acceptance of Appointment by Designated Initial Registered Agent naming CT Corporation System/Maria Ozaeta, Vice President.
3. Our check in the amount of \$50.00 payable to the New Mexico Public Regulation Commission.

Please return the duplicate original of the Articles of Organization to my office together with a Certificate of Organization when the filing is complete.

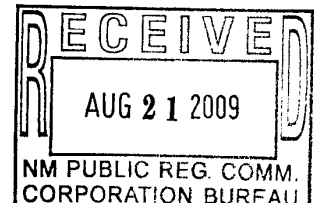
If you have any questions or need anything further to complete this filing, please contact my legal assistant, Vicki Reberger.

Sincerely,



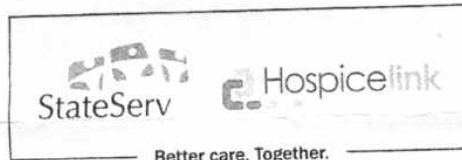
Douglas K. Cook

DKC/vsr
Enclosures
cc: Charles M. Paxson



PUBLIC

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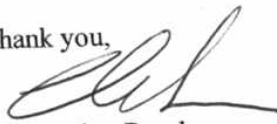
1-877-633-7250
www.stateserv.com

1/29/19

(Extracted from the NM SOS website) 13. LLC Address Change 53-19-63 I NMSA 1978 Written notice
Written notice
Fee: \$20.00

For Business ID 4198271- Please change the contact information mailing address to 1201 S. Alma School Rd Suite 4000 Mesa, AZ 85210

Thank you,



Christopher Roode
COO

Please Mail to: New Mexico Office
of the Secretary of State

New Mexico Capitol Annex North / 325 Don Gaspar, Suite 300 / Santa Fe, NM 87501

RECEIVED
SOS
Corporation Bureau

MAR 12 2019

Certificate Verification No.: 11034 Date: 4/28/2025

PUBLIC

HCMO_ATT_00000833



OFFICE OF THE SECRETARY OF STATE
NEW MEXICO

Business ID #: 4198271

Entity Name: STATESERV MEDICAL OF NEW MEXICO, L.L.C.

Transaction Type: LLC Address Change

Transaction Date: 03/22/2019

Transaction Amount: \$20.00

Email Address:

Phone Number:

Current Address Change

Type	Address	City	State	Zip	Country
PRINCIPAL PLACE OF BUSINESS ANYWHERE	1201 S. Alma School Rd. Suite 4000	Mesa	AZ	85210	USA
MAILING ADDRESS	1201 S. Alma School Rd. Suite 4000	Mesa	AZ	85210	USA

Registered Agent Information:

Agent Name: C T CORPORATION SYSTEM

Email Address: NONE

Phone Number: NONE

Type	Address	City	State	Zip	Country
Physical Address	206 S CORONADO AVE	ESPANOLA	NM	87532	USA
Mailing Address	NONE	NONE	NONE	NONE	NONE

Certificate Verification No.: 11034 Date: 4/28/2025



3032705

**STATE OF NEW MEXICO***Secretary of State*

325 Don Gaspar, Suite 300

Santa Fe, New Mexico 87501

DOMESTIC LIMITED LIABILITY COMPANY**AMENDMENT**

Non-Refundable Application Fee: \$50.00

New Mexico Secretary of State

-FILED-

File #: 3032705

Date Filed: 3/19/2025

Current Business Information

Business ID	4198271
Business Name	STATESERV MEDICAL OF NEW MEXICO, L.L.C.
Formation Date	08/21/2009

Name of the Organization

Do you wish to change the name of the limited liability company?	No
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Alternative Business Names (optional)

Alternative Business Name
<input checked="" type="checkbox"/> Dragonfly Health LLC

Business Address and Contact Information

Principal Place of Business Address

Principal Place of Business Address	1201 S. Alma School Rd. Suite 4000 Mesa, AZ 85210
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Business Mailing Address

Mailing Address	1201 S. Alma School Rd. Suite 4000 Mesa, AZ 85210
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The duration of the Company is:	Perpetual
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Statement of Management Status

☐ The Limited Liability Company is managed or under the authority of a Manager(s).☐ The Limited Liability Company is a single-member limited liability company.**Member and Manager Information (Optional)**

Title	Name of individual or organization	Party Physical Address
None Entered		

Purpose Statement

☒ Check if a purpose statement will be provided.**The purpose for which the company is organized:**

Rental of Durable Medical Equipment.

Authorization and signature

Christopher Roode

Sign Here

03/19/2025

Date

C0522-8544 03/19/2025 6:54 AM Received by New Mexico Secretary of State

Certificate Verification No.: 11034 Date: 4/28/2025

PUBLIC**HCMO_ATT_00000835**

STATE OF NEW MEXICO
OFFICE OF THE SECRETARY OF STATE

Certificate of Comparison

Of

STATESERV MEDICAL OF NEW MEXICO, L.L.C.

4198271

The office of the Secretary of State certifies that the attached is a true and complete copy of the requested transactions as filed with the Office of the Secretary of State.

April 28, 2025

Maggie Toulouse Oliver

MAGGIE TOULOUSE OLIVER

Secretary of State