

Department of State

I certify the attached is a true and correct copy of Articles of Organization, as amended to date, of STATESERV MEDICAL OF FLORIDA, LLC, a limited liability company, organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this company is L10000118129.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirtieth day of April, 2025

A COD WE TRUST

CR2E022 (01-11)

Cord Byrd 7
Secretary of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Li	ability Company is
Principal Office Address:	Mailing Address:	
130 E University Drive	2130 E University Drive	
Sempe, AZ 85281	Tempe, A2 85281	
1200 South Pine Island F	Name Road	AH IO: FLOR
Florida	street address (P.O. Box NOT acceptable)	D
Plantation	FL 33324	
	City, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	and to accept service of process for the ated in this certificate, I hereby accept the capacity. I further agree to comply with aplete performance of my duties, and I as a registered agent as provided for in (a System	he appointment as h the provisions of a m familiar with and

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	SEB ATTACHED LIST A
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(Use attachment if necessary)	
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TLE, V: Effective date, if other than effective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business of
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ILE V: Effective date, if other than effective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a manual constitutes an altimination I am aware that any false is	aniber or as authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, nformation submitted in a document to the Department of State fellony as provided for in s.817.155, F.S.)
TLE V: Effective date, if other than effective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a manufacture of a manufacture of a manufacture and affirmation I am aware that any false is constitutes a third degree of the second of the	priber or as authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

Page 2 of 2

Laurie Kenville

Modified:

Tue 11/9/2010 4:21 PM

LIST A

Anthony R. Perre, MGRM 4275 E Caroline Lane Gilbert, AZ 85296

Charles M. Paxson, MGRM 4324 E Carolina Lane Gilbert, AZ 85296

Paul A. DiCosmo, Member 21336 E Camina Plata Queen Creek, AZ 85242

Christopher A. Roode, Member 15840 \$ 35th Way Phoenix, AZ 85048

Thomas E. Allison, Member 1934 E Scorpio Place Chandler, AZ 85249 2010 NOV 12 AM 10: 05

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Statesery Medical of Florida, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/12/2010 and assigned Florida document number L10000118129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
CDO	Andrew Delaney	1325 NW 98th Court, 9	
		Doral, FI. 33172	Add
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		The state of the s	Change
CFO	Druc Pounds	1325 NW 98th Court, 9 Doral, FL 33172	■ Add
			□ Remove
			Change
CHRO	Cynthia Kenny	1325 NW 98th Court. 9 Doral, FL 33172	■ Add
			☐ Remove
			Li Remove
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сто	James B. Taylor	1325 NW 98th Court, 9 Doral, FL 33172	■ Add
			☐ Remove
			Change
COO	Patrick Kent	1325 NW 98th Court, 9 Doral, FL 33172	∰ Add
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effective date is listed, the date must be specific and cannot be prior to date of filing it. If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 505 0
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
ed April 17 7019	
Signature of a member or authorized represen	TTW : T
Signature of a member of authorized represen	lative of a member
Drue Pounds Typed or printed name of sign	

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STATESERV MEDICAL OF FLORIDA, LLC

2022 DEC 15 AH 10: 42

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Horida L	mated Elability Company)		LE STATE
The Articles of Organization for this Limited Liability Con	mpany were filed on 11/12/20	010	and assigned
Florida document number L10000118129	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ntion "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
F			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ottice address on our record	is, enter the	name of the new register.
New Registered Office Address:			
The Mittigg Street of Materials.	Enter Florida str	reet address	
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	Ciņ		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my a ent as provided for in Chapi	luties, and L ter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
CFO	POUNDS, DRUE	1325 NW 98TH COURT 9	□Add
		DORAL, FL 33172	■Remove
			□Change
CFO	AMUNDSON, ELLIOT	405 5TH AVENUE NORTH	■Add
		SOUTH ST. PAUL, MN 55075	□Remove
			□Change
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	cember 15		2022	·				
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nted Dec	Shu-	Signatur	e of a member	or authorized re	oresentative of a	member		

Filing Fee: \$25.00

RESTATEMENT OF ARTICLES OF ORGANIZATION OF STATESERV MEDICAL OF FLORIDA, LLC

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Company Act of the State of Florida (the "Act"), the undersigned, being the sole member (the "Member") of StateServ Medical of Florida, LLC (the "Company"), a Florida limited liability company, and desiring to amend and restate the Company's Articles of Organization, does hereby certify:

FIRST: The original Articles of Organization of the Company were filed with the Secretary of State of the State of Florida on November 12, 2010, Document No. L10000118129.

SECOND: Articles of Amendment to such Articles of Organization were filed with the Secretary of State of the State of Florida on April 18, 2019.

THIRD: Articles of Amendment to such Articles of Organization were filed with the Secretary of State of the State of Florida on December 15, 2022.

FOURTH: These Amended and Restated Articles of Organization were adopted by the Member pursuant to Section 605.04073 of the Act on October 6, 2023.

FOURTH: The text of the Company's Articles of Organization is hereby amended and restated as herein set forth in full and shall supersede the original Articles of Organization and all amendments thereio.

ARTICLE I NAME

The name of the Company is StateServ Medical of Florida, LLC.

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the Company's principal office is 1201 S. Alma School Rd. Suite 4000, Mesa, AZ 85210.

ARTICLE III DURATION

The duration of the Company shall be perpetual.

ARTICLE IV

The Company is formed for the object and purpose of carrying on any lawful business, purpose or activity permitted to be conducted by a limited liability company under the Act and possesses and may exercise all the powers and privileges granted by the Act, including such powers and privileges as are necessary or convenient to the conduct, promotion or attainment of the business, purposes or activities of the Company.

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ARTICLE V MANAGEMENT

The Company will be manager-managed.

ARTICLE VI REGISTERED OFFICE AND AGENT

The name of the registered agent is C T Corporation System. The Florida street address of the registered agent is 1200 South Pine Island Road, Plantation. FL 33324.

ARTICLE VII AMENDMENT

The Company reserves the right to amend or repeal any of the provisions contained in these Amended and Restated Articles of Organization, or any amendment hereto, and any right conferred upon the members of the Company is subject to this reservation.

ARTICLE VIII CONSOLIDATION

These Amended and Restated Articles of Organization consolidate all amendments into a single document.

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IN WITNESS WHEREOF, these Amended and Restated Articles of Organization have been duly adopted by the Member, and the undersigned, as the Member of the Company, has signed these Amended and Restated Articles of Organization effective as of the 6th day of October, 2023.

MEMBER:

THE STATESERY COMPANIES, L.L.C.

D.,,

Elliot Amundson

___A513DEFB30FA48

Name: Elliot Amundson Title: Authorized Person

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

STATESERV MEDICAL OF FLORIDA, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.

C T CORPORATION SYSTEM

By: Hathryn M. Wildow;

Print Name: Kathryn A, Widdoes
Print Title: Assistant Secretary

Dated: October 09 , 2023

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