

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certified Copy 111Z321T7

I, TOBIAS READ, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached

Document File

for

STATESERV MEDICAL OF OREGON, LLC

is a true copy of the original document(s).

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



A handwritten signature in cursive script, appearing to read "Tobias Read".

TOBIAS READ, SECRETARY OF STATE

4/30/2025

Come visit us on the internet at sos.oregon.gov/business

PUBLIC

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Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Articles of Organization - Limited Liability Company

FILED

NOV 15 2010

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 728018-98

For office use only

In accordance with Oregon Revised Statute 182.410-182.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1) NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

StateSrv Medical of Oregon, LLC

- 2) DURATION: (Please check one.)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____

☒ Duration shall be perpetual.

- 3) REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

C T Corporation System

- 4) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

388 State Street, Ste. 420 Salem, OR 97301

- 5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

2130 E University Drive

Tempe, AZ 85281

- 6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)

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

- 7) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

☐ This LLC will be member-managed by one or more members.

☒ This LLC will be manager-managed by one or more managers.

- 8) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:

- 9) OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.) ☐

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

- 10) OWNERS: (MEMBERS) (Names and Street address)

SEE ATTACHED LIST A

- 11) MANAGERS: (MANAGERS) (Names and Street address)

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

Charles M. Paxson, 4324 E Caroline Lane, Gilbert, AZ 85296

- 12) EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer) (The title for each signer must be "Organizer.")

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: [Signature]

Printed Name:

Anthony R. Perre

Title:

Organizer

Organizer

Organizer

CONTACT NAME: (To resolve questions with this filing.)

Laurie J. Kenville

PHONE NUMBER: (Include area code.)

480-966-9730

FEES

Required Processing Fee \$100

Confirmation Cover (Online) \$5

STATESERV MEDICAL OF OREGON, LL

* payable to "Corporation Division."

100 - Articles of Organization - Limited Liability Cor



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Laurie Kenville

Modified:

Tue 11/9/2010 3:51 PM

LIST A

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

Charles M. Paxson
4324 E Caroline Lane
Gilbert, AZ 85296

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

Christopher A. Roode
15840 S 35th Way
Phoenix, AZ 85048

Thomas E. Allison
1934 E Scorpio Place
Chandler, AZ 85249

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED