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From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
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STATE DEPARTMENT OF STATE  
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**FLORIDA LIMITED LIABILITY CO.  
Wound Healing Institute of Arcadia LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
WOUND HEALING INSTITUTE OF ARCADIA LLC**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is **WOUND HEALING INSTITUTE OF ARCADIA LLC**.

**ARTICLE II - Address:**

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

6919 N Dale Mabry Hwy  
Suite 250  
Tampa, FL, 33614

**ARTICLE III - Managers:**

The Company will be manager-managed.

**ARTICLE IV - Indemnification:**

The Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV will not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, as a matter of law, under the regulations of the Company, by agreement or otherwise.

**ARTICLE V - ADMISSION OF MEMBERS**

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the consent of all the Members as provided in Section 605.0401(3)(c) or as provided in Section 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

**ARTICLE VI - TRANSFER OF INTEREST IN COMPANY**

No transfer of a Transferable Interest in the Company is permitted or valid except in

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accordance with the restrictions, if any, on transfer contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

**ARTICLE VII - Registered Agent and Registered Address**

The name and the street address of the registered agent is:

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 17<sup>th</sup> day of November, 2017.



Signature of an authorized representative of a member.

(In accordance with Section 605.0202(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes)

Erin Smith Aebel

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE PROFESSIONAL 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 professional limited liability company is **WOUND HEALING INSTITUTE OF ARCADIA LLC**.
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.  
 Shumaker, Loop & Kendrick, LLP  
 101 East Kennedy Boulevard  
 Suite 2800  
 Tampa, Florida 33602

*Having been named as registered agent and to accept service of process for the above stated professional 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.*



Erin Smith Aebel, Esq.  
 Registered Agent

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