

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L18000014394
FILED 8:00 AM
January 16, 2018
Sec. Of State
nculligan**

Article I

The name of the Limited Liability Company is:
PREFERRED PROVIDER SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8680 NW 10TH ST
PEMBROKE PINES, FL. 33024

The mailing address of the Limited Liability Company is:
P.O. BOX 840125
PEMBROKE PINES, FL. 33084

Article III

The name and Florida street address of the registered agent is:
KRISTIN IBANEZ
8680 NW 10TH ST
PEMBROKE PINES, FL. 33024

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, 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.

Registered Agent Signature: KRISTIN IBANEZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
KRISTIN IBANEZ
8680 NW 10TH ST
PEMBROKE PINES, FL. 33024 UN

Title: MGR
JODI MAZZONE
2130 NW 91ST TERRACE
PEMBROKE PINES, FL. 33024

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Article V

The effective date for this Limited Liability Company shall be:

01/15/2018

Signature of member or an authorized representative

Electronic Signature: KRISTIN IBANEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.