

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
Healthlink Innovations II, LLC

Table with 2 columns: Item, Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (02), and Estimated Charge (\$125.00).

Handwritten mark

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

HEALTHLINK INNOVATIONS II, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

1360 Place Vendome
Winter Park, Florida 32789

ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial managers shall be Stephen P. Griggs and Richard Robertson.

**ARTICLE IV - Registered Agent and Office and
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

CORPORATION COMPANY OF ORLANDO
300 South Orange Avenue
Suite 1600 (MJG)
Orlando, Florida 32801

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 as provided for in Chapter 605, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By: Donald J. Curitto
(Registered Agent's Signature)

Donald J. Curitto, Vice President

Stephen P. Griggs
Signature of a member or an
authorized representative of a member.

Stephen P. Griggs, Authorized Representative

(In accordance with section 605.0203(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 for in s.817.155, Florida Statutes)

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