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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

mprimacare, llc

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION
OF
MPRIMACARE, LLC

5

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a Limited Liability Company, does hereby set forth the following:

ARTICLE I
NAME

The name of the Limited Liability Company is:

MPRIMACARE, LLC.

ARTICLE II
PERIOD OF DURATION

The period of duration of the Limited Liability Company shall be from the date of filing and continue until the occurrence of an event set forth in the Operating Agreement which causes the termination of the Limited Liability Company or until dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

ARTICLE III
PURPOSE

The purpose of this Limited Liability Company shall be to engage in any and all lawful businesses and activities permitted by the laws of the State of Florida. This Limited Liability Company shall have all of the powers vested in a Limited Liability Company organized and existing by virtue of such laws as now exists or may after be amended.

ARTICLE IV
REGISTERED AGENT

The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 20801 Biscayne Boulevard, Suite 303, Aventura, Florida 33180, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is Barbara Buxton, Esquire.

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

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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 608, F.S.


Barbara Buxton, Esquire

ARTICLE V ADDRESS OF PLACE OF BUSINESS

The mailing address and principal office of the Limited Liability Company is 6442 Windmill Gate Road, Miami, Florida 33014.

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by a Managing Member. The name and address of the Managing Member is: Mirey Mualin, having an address at 6442 Windmill Gate Road, Miami, Florida 33014.

ARTICLE VII CONTRIBUTIONS

The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as capital, by the Member is \$100.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

ARTICLE VIII ADDITIONAL CONTRIBUTIONS

Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

**ARTICLE IX
CERTIFICATES**

The membership interests of the Members are evidenced by Certificates of Membership.

**ARTICLE X
ADDITIONAL MEMBERS**

The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

**ARTICLE XI
CONTINUITY OF BUSINESS**

The remaining Members of the Limited Liability Company, by the unanimous vote or consent of the Members (other than the Managing Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

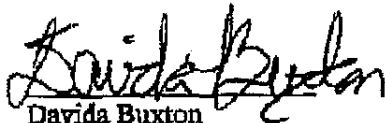
**ARTICLE XII
MEMBER LIABILITY**

None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.

IN WITNESS WHEREOF, the Member has executed and acknowledged these Articles of Organization on February 10, 2003.

In the presence of:


Mirey Mualin


Davida Buxton


M. Diane Mattson

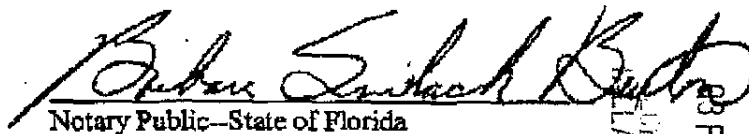
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STATE OF FLORIDA, COUNTY OF MIAMI-DADE, ss.

The foregoing instrument was acknowledged before me on the 10th day of February, 2003; by Mirey Mualin.



Notary Public—State of Florida

Print Notary Name: Barbara Smilack Buxton

My Commission Number is: DD 059943

My Commission Expires: November 17, 2005

Personally Known ☐ OR Produced Identification ☒
Type of Identification Produced: Driver's License

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