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(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

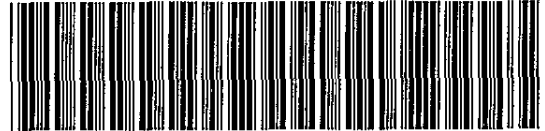
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CAPITAL CONNECTION, INC.

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1st American Family Medical
Associates, LLC

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____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
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✓ ____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
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ARTICLES OF ORGANIZATION
OF

1st AMERICAN FAMILY MEDICAL ASSOCIATES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

1st AMERICAN FAMILY MEDICAL ASSOCIATES, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

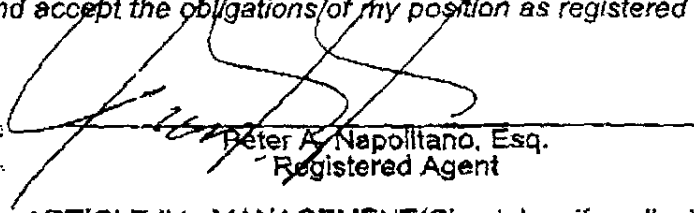
10494 Northcliffe Boulevard
Spring Hill, Florida 34608

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is:

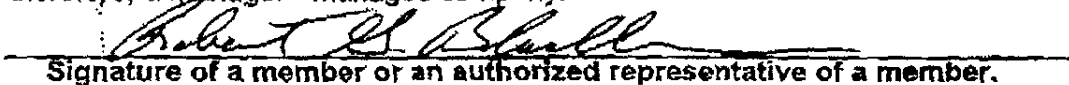
Peter A. Napolitano, Esq.
8406 Massachusetts Avenue, Suite A-1
New Port Richey, Florida 34653

Having been named as the 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 608, F.S.


Peter A. Napolitano, Esq.
Registered Agent

ARTICLE IV - MANAGEMENT (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT G. BLACKBURN
Typed or printed name of signee