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#### CAPITAL CONNECTION, INC.

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CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222  Avagan, PLLC	ALLEN ON BOST ST. STATE OF THE		
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### ARTICLES OF ORGANIZATION FOR

#### ARAGON, PLLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

#### ARTICLE I: NAME & PURPOSE

The name of the company is ARAGON, PLLC. The specific nature of business of this Professional Limited Liability Company is medical practice.

#### ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 241 Nokomis Avenue South, Venice, FL 34285

## ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is W. Grady Huie, Esq., 143 East Miami Avenue, Venice, FL 34285

#### **ARTICLE IV: MANAGERS & MANAGING MEMBERS**

The name and address of the initial Manager and Managing Member of the company is: Julio Gonzalez, M.D., MGR/MGRM, 241 Nokomis Avenue South, Venice, FL 34285

The undersigned has executed these Articles of Organization this 10<sup>th</sup> day of October 2006.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

Authorized Representative

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 508.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the c	company is:ARI	AGON,	PLLC	
2. The name and add	dress of the registered ag	ent and office is	s	
N 61	East Mi		venue	
	enice. F	34)	88	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

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