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To: Division of Corporations
Fax Number : (850) 205-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

internist of south florida, llc

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

INTERNIST OF SOUTH FLORIDA, LLC

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ARTICLE I

**The name of the Limited Liability Company shall be:
INTERNIST OF SOUTH FLORIDA, LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company : C/O 999 PONCE DE LEON BLVD., # 1100,
CORAL GABLES, FL 33134.**

ARTICLE IV

**The name and the Florida street address of the registered agent:
MARIA I. MACHADO, 999 PONCE DE LEON BLVD., # 1100, CORAL
GABLES, FL 33134.**

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

INTERNIST OF SOUTH FLORIDA, LLC
(Name of Company)

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Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

MARIA I. MACHADO
Registered Agent

Maria I. Machado

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.)

MARIA I. MACHADO
Typed or printed name of signee

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