

LO7000029807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

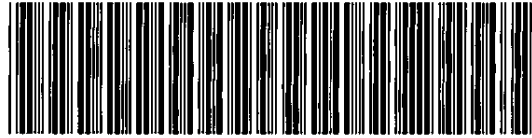
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**CORPORATE
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INC.**

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236 East 6th Avenue . Tallahassee, Florida 32303
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TALLAHASSEE, FLORIDA

1. Care multispecialty Group, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
CARE MULTISPECIALTY GROUP, LLC**
a Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of this Limited Liability Company is CARE MULTISPECIALTY GROUP, L.L.C.

ARTICLE II
ADDRESS

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

18302 Highwoods Preserve Parkway
Suite 101
Tampa, FL 33647

ARTICLE III
DURATION

This Limited Liability Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall have perpetual duration.

ARTICLE IV
MEMBERS

This Limited Liability Company shall at all times maintain at least one or more members.

ARTICLE V
MANAGEMENT

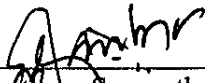
This Limited Liability Company is a member-managed company

ARTICLE VI
Registered Agent, Registered Office, and Registered Agent's Signature

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


GAUTHAM SAMPATH
18302 Highwoods Preserve Parkway
Suite 101
Tampa, FL 33647

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 608, F.S.



Gautham Sampath as Registered Agent

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.



Gautham Sampath, Member