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FLORIDA/FOREIGN LIMITED LIABILITY CO.

florida neuroscience, l.l.c.

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF
FLORIDA NEUROSCIENCE, L.L.C.**

ARTICLE I

**The name of the Limited Liability Company shall: FLORIDA
NEUROSCIENCE, L.L.C.**

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 is: 680 GRAND CONCOURSE, MIAMI
SHORES, FL 33138**

ARTICLE IV

**The name and the Florida street address of the registered agent:
EDUARDO R. LOCATELLI, M.D., P.A., 680 GRAND CONCOURSE, MIAMI
SHORES, FL 33138**

ARTICLE V

The name of the Managing Member :

**MANAGING MEMBER
EDUARDO R. LOCATELLI, M.D., P.A.
GABRIELA CORA-LOCATELLI, M.D., P.A.**

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

FLORIDA NEUROSCIENCE, L.L.C.
(Name of Company)

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.

[Signature]
Registered Agent

EDUARDO LOCATELLI

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

EDUARDO LOCATELLI

GABRIELA CORA-LOCATELLI

(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.)

Eduardo Locatelli
Typed or printed name of signee

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