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| (Re | equestor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| · Special Instructions to | Filing Officer: | |
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Office Use Only

EFFECTIVE DATE 10-07



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COVER LETTER

| TO: Registration So Division of Co | | , | | | | | |
|---|---|--|--|--|--------------------|------|----------------|
| SUBJECT: Physic | ians Partners Plu | s, LLC. | | | | | |
| Someter. | | ted Liability Compa | ny) | | | | |
| The enclosed Articles of | Organization and fee(s) are | submitted for filing | | | | | |
| Please return all correspo | ondence concerning this ma | tter to the following: | | | | | |
| Rani Gupta | ar | | | | | | |
| | | (Name of Person) | | | | | |
| Physicians | s Partners Plus, L | LC. | | | | | |
| *************************************** | | (Firm/Company) | | , | | | |
| 1131 N. 74 | Ith Terrace | | | • | 7 | | |
| | | (Address) | | , - | SEC! | 07 C | (1972 |
| Hollywood | , Florida 33024 | | | | RETA HAS | | |
| | (Ci | ty/State and Zip Code |) | | اسا ک استا | 9 | F Liberates |
| For further information of | concerning this matter, pleas | e call: | | ļ | FLO | PH > | |
| | | | 055 040 | Š | AIF RISE | 5 | <u> </u> |
| Rani Guptar | of Person) | at (| 655-912 & Daytime Tele | | <u></u> | | |
| (Hano | or reison) | (71100 0000 | co isay timo Tole | priorio i vario | ~, | | |
| Enclosed is a check for | r the following amount: | | | | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Certified Cop (additional copy | by | \$160.00 Fi Certificate Certified (additional of | e of Stati Copy | us & |) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Budget 1 2661 Execution 1 2661 Execution Registration Registrat | urier Address on Section of Corporations uilding cutive Center C ee, FL 32301 | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Compa | ny is: |
| | |
| Physicians Partners Plus, LLC | • |
| (Must end with the words "Limite | d Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 1131 N. 74th Terrace | 1131 N 74th Terrace |
| Hollywood, Florida 33024 | Hollywood, Florida 33024 |
| | |
| | stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another |
| The name and the Florida street address o | f the registered agent are: |
| Rani Guptar | IA _S 0 |

Name

The street address (P.O. Box NOT acceptable)

Hollywood, Florida 33Q24

City, State, and Zip

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.

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 10107

(CONTINUED)
Page 1 of 2

· · ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: | |
|-------------------------------|--|---------|
| "MGR" = Manager | | |
| "MGRM" = Managing Me | nber | |
| MGR | Rani Guptar | |
| | 1131 N. 74th Terrace | |
| | Hollywood, Florida 33024 | |
| MGR | Marc Beilo | |
| | 1422 NW 129th Terrace | |
| | Sunrise, Fiorida 33323 | |
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| (Use attachment if necess | y) | |
| • | 44/04/0007 | |
| CLE V: Effective date, if of | er than the date of filing: 11/01/2007 (OPTION | IAL) |
| | te must be specific and cannot be more than five business da | ays pri |
| O days after the date of fili | (.) | |
| | | |
| REQUIRED SIGNATUR | E: | |
| | | |
| | | |
| (,) | VAA JA JA . | |
| Mo | u spipiar | |
| Signatur | u fuptar of a mepiber or an authorized representative of a member. | |
| (In accor | of a member or an authorized representative of a member. Ince with section 608.408(3), Florida Statutes, the execution aument constitutes an affirmation under the penalties of perjury | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Rani Guptar

Typed or printed name of signee