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FLORIDA LIMITED LIABILITY CO.

"GRIFFIN MEDICAL GROUP OF SOUTH FLORIDA, LLC"

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Page Count	02
Estimated Charge	\$155.00

D. BRUCE

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EXAMINER

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**ARTICLES OF ORGANIZATION OF
GRIFFIN MEDICAL GROUP OF SOUTH FLORIDA, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Griffin Medical Group of South Florida, LLC."

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is: 15680 North Kendall Drive, Suite 201, Miami, Florida 33196.

ARTICLE III — Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida street address of the registered agent are: Vilma Quintana, 15680 S.W. 88th Street, Suite 201, Miami, Florida 33196.

Having been named as registered agent and to accept service of process for the above state limited liability company 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 provision of all status 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.

Vilma Quintana
Vilma Quintana

ARTICLE IV — Management:

The Company is to be managed by the members.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 4th day of August, 2010.

Vilma Quintana
Signature of authorized representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Vilma Quintana

Typed or printed name of signer

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