Florida Department of State

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FLORIDA LIMITED LIABILITY CO. APICALCARE SOLUTIONS LLC

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ARTICLES OF ORGANIZATION FOR A SECRETARY OF STATE FLORIDA LIMITED LIABILITY COMPANYLLAHASSEE, FLORIDA

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

APICALCARE SOLUTIONS LLC

ARTICLE II **ADDRESS**

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

527 SQUIRE DRIVE WELLINGTON, FLORIDA 33414

REGISTERED AGENT SIGNATURE

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

SUPERBIZ REGISTERED AGENT, INC. 2761 VISTA PARKWAY, STE E4 WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

ERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MANAGING MEMBER

MANAGING MEMBER MANAGING MEMBER

HYMIN ZUCKER LUIZ ALVES

527 SQUIRE DRIVE 4033 CRESCENT CREEK DRIVE

WELLINGTON, FLORIDA 33414 COCONUT CREEK, FLORIDA 33073

ARTICLE V MEMBER

MEMBER MEMBER

TASSO MENDONCA ROBERTO DI GONZAGA

527 SQUIRE DRIVE 527 SQUIRE DRIVE

WELLINGTON, FLORIDA 33414 WELLINGTON, FLORIDA 33414

Signature of a piember or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

HYMIN ZUCKER

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