

Division of Corporations

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

**FLORIDA LIMITED LIABILITY CO.
HMO/MSO, LLC**

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**ARTICLES OF ORGANIZATION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is:

HMO/MSO, LLC

ARTICLE II - ADDRESS

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

255 University Drive
Coral Gables, FL 33134

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE.**

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

Aran Correa Guarch and Shapiro, P.A.
c/o Danny Correa, Esq.
255 University Drive
Coral Gables, FL 33134

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 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, Florida Statutes.


Registered Agent's Signature

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ARTICLE IV
Management

The Company shall be manager-managed.

(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.)

HMO/MSO, LLC

By: 
Aran Correa Guaracha and Shapiro, P.A.
By Danny Correa, Esq.

Dated: March 11, 2011

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TALLAHASSEE, FLORIDA

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