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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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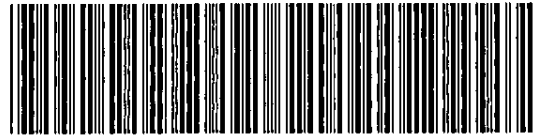
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. OPD MEDICAL SERVICES, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.66 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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**ARTICLES OF ORGANIZATION
OF
OPD MEDICAL SERVICES, 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 is: **OPD MEDICAL SERVICES, LLC**

ARTICLE II – Address

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

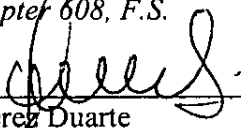
1150 N.W. 72nd Avenue, Ste 650
Miami, Florida 33126

ARTICLE III – Registered Agent/Office

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

Osmel Perez Duarte
1150 N.W. 72 Avenue, Ste 650
Miami, Florida 33126

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.



Osmel Perez Duarte

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:

Managing Member

OSMEL PEREZ DUARTE
955 S.W. 2nd Avenue, Apt 601
Miami, Florida 33130

The company will be manager-managed.

The undersigned member executed these Articles of Organization this 10 day of November, 2011.

By: _____

OSMEL PEREZ DUARTE

(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.)