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Florida Department of State
Division of Corporations
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L. SELLERS

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EXAMINER

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**FLORIDA LIMITED LIABILITY CO.
WELLNESS PHYSICIAN NETWORK L.L.C.**

Certificate of Status	1
Certified Copy	0
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H11000272830

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WELLNESS PHYSICIAN NETWORK L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**1121 CRANDON BLVD Suite D 604
KEY BISCAYNE FLORIDA 33149**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SIGHI DRASSINOWER
Name
1121 CRANDON BLVD Suite D 604
Florida street address (P.O. Box NOT acceptable)
Key BISCAYNE FL 33149
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)

(CONTINUED)

Page 1 of 2

H11000272830

H11000272830

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMGRMSIGHI DRASSINOWER1121 CRANDON BLW D 604
Key BISCAYNE FL 33149CHRISTIE CARRASQUILLO
6255 NW 36 ST SUITE 500
MIAMI FL 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SIGHI DRASSINOWER

Typed or printed name of signer

Page 2 of 2

H11000272830

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