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To: Division of Corporations  
Fax Number : (850)617-6383

From: Rosa Wong, Paralegal  
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Email Address: jose.gordo@akerman.com

FLORIDA LIMITED LIABILITY CO.  
PRACTICE MANAGEMENT ALLIANCE, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
PRACTICE MANAGEMENT ALLIANCE, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **PRACTICE MANAGEMENT ALLIANCE, LLC.**

**ARTICLE II: - Address**

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

**848 Brickell Key Drive  
#3205  
Miami, Florida 33131**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

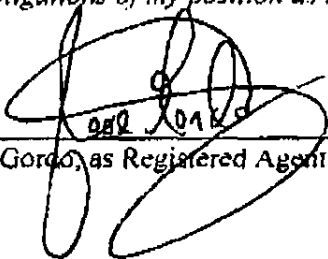
The name and the Florida street address of the registered agent are:

**Jose Gordo  
848 Brickell Key Drive  
#3205  
Miami, Florida 33131**

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*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.*

  
\_\_\_\_\_  
Jose Gordo, as Registered Agent

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

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**ARTICLE V: - Manager(s) or Managing Member(s)**  
The name and address of each Managing Member is as follows:

MGRM

Jose Gordo  
848 Brickell Key Drive  
#3205  
Miami, Florida 33134



\_\_\_\_\_  
Jose Gordo, as 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.)

\_\_\_\_\_  
Jose Gordo

Typed or printed name of signee

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