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Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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L. SELLERS

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

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**FLORIDA LIMITED LIABILITY CO.**  
**empowering neurologist LLC**

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**ARTICLES OF ORGANIZATION  
OF  
EMPOWERING NEUROLOGIST LLC**

The undersigned, member or an authorized representative of a member, adopts these Articles of Organization and forms a limited liability company (the "Company") under the Florida Limited Liability Company Act (the "Act"), as follows:

**ARTICLE 1  
NAME**

The name of the Company is: empowering neurologist LLC.

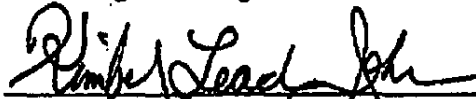
**ARTICLE 2  
ADDRESS**

The mailing address and street address of the principal office of the Company is: 2205 Beacon Lane, Naples, Florida 34103.

**ARTICLE 3  
INITIAL REGISTERED AGENT AND OFFICE**

The name and the Florida street address of the registered agent are: C T Corporation System, 1200 S. Pine Island Road, Suite 250, Plantation, Florida 33324.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization on June 4, 2013.



*Signature of a member or 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.)*

Kimberly Leach Johnson

*Typed or printed name of signer*

Having been named as registered agent to accept service of process for the Company at the place designated in these Articles of Organization, C T Corporation System ("CT") hereby accepts the appointment as registered agent and agrees to act in this capacity. CT 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 the Act.

C T Corporation System

By: 

Name: Madonna Cuddihy

Title: Special Assistant Secretary

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