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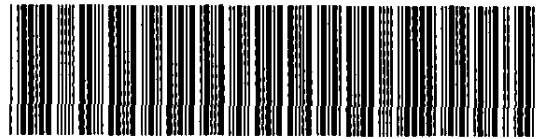
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Javisa, P.L.**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Javisa, P.L.**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:


- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$125.00<br>Filing Fee | <input type="checkbox"/> \$130.00<br>Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00<br>Filing Fee &<br>Certified Copy<br>(additional copy enclosed) | <input type="checkbox"/> \$160.00<br>Filing Fee,<br>Certified Copy &<br>Certificate of Status<br>(additional copy enclosed) |
|---|--|--|---|

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing. We would appreciate your including the following email address in your records for purposes of annual report notification and other notices provided by your office:

jasb73@gmail.com

Thank you in advance for your usual assistance in these matters.

Sincerely,

  
Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw

Enclosures

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**ARTICLES OF ORGANIZATION  
OF  
JAVISA, P.L.**

The undersigned, pursuant to the provisions of Chapter 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the professional limited liability company is **JAVISA, P.L.**

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:

3206 Salinger Way  
Tallahassee, Florida 32311-3682

**ARTICLE 3.  
Purpose**

The purpose for which this professional limited liability company is formed is to engage (i) in the practice of medicine and related activities within the State of Florida and (ii) in any or all other activities or business permitted under the Act for the rendering of professional medical services and related activities consistent with the Act.

**ARTICLE 4.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the professional limited liability company are:

**Jose A. Santana**  
3206 Salinger Way  
Tallahassee, Florida 32311-3682

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, I*

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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.

s/ Jose A. Santana, M.D.

Jose A. Santana, M.D., Registered Agent

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**ARTICLE 5.  
Management**

The professional limited liability company shall be managed by its member and is, therefore, a member-managed company. The name and address of the managing member are as follows:

**JOSE A. SANTANA, M.D.,  
Managing Member**

3206 Salinger Way  
Tallahassee, Florida 32311-3682

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 24<sup>th</sup> day of July, 2013.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

s/ Jose A. Santana, M.D.

JOSE A. SANTANA, M.D., Member