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FAX No.

P. 001/003

Division of Corporations

Florida Department of State  
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FLORIDA LIMITED LIABILITY CO.  
GPD MEDICAL MANAGEMENT L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

9-16-13

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

The name of the Limited Liability Company is:

GPD Medical Management 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:**8350 SW 27<sup>th</sup> LANE  
Miami, FL 33155**Mailing Address:**8350 SW 27<sup>th</sup> LANE  
Miami, FL 33155**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:

Robert PATINO Jr  
Name8350 SW 27<sup>th</sup> LANE  
Florida street address (P.O. Box NOT acceptable)  
Miami, FL FL 33155  
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.

Robert Patino Jr  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

MGRMGRMMGRM**Name and Address:**Robert PATINO Jr.  
8350 SW 27th AVE  
Miami, FL. 33155Debbie Gamble  
5243 Royal Vale Lane  
Dorborn, ME. 48126Roberto PATINO Sr.  
8350 SW 27th Lane  
Miami, FL. 33155

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Robert PATINO Jr.  
Typed or printed name of signeeFILED  
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