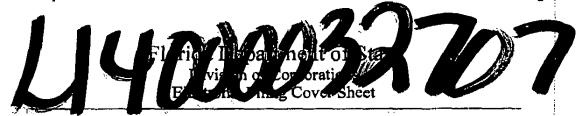
Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE EDIOCO,

Account Number : 073222003555
Phone : (561)686-3307
Fax Number : (561)471-0894

\*\*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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Medical Owner, LLC

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#### ARTICLES OF ORGANIZATION

#### **OF**

#### MEDICAL OWNER, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

#### ARTICLE I NAME

The name of this limited liability company is:

MEDICAL OWNER, LLC

## ARTICLE II ADDRESS

The street address and mailing address of the principal office is:

2328 10<sup>TH</sup> Avenue N., Suite 302 Lake Worth, FL 33461

# ARTICLE III CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

John White II 1645 Palm Beach Lakes Blvd., Suite 1200 West Palm Beach, Florida 33401 2014 FEB 25 AM 9: 09



Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

John White II

#### **ARTICLE IV** MANAGEMENT

The powers of the limited liability company shall be exercised by or under the authority of, and the business and affairs of the limited liability company shall be managed under the direction of, its Managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 28 day of February, 2014.

> Authorized Representative John

Member

 $H: \verb|\| 10078 \verb|\| 22911 \verb|\| DArticles Of Organization Medical Owner BMM. docx/jha.bmm$