

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L14000082755
FILED 8:00 AM
May 22, 2014
Sec. Of State
tbrown**

Article I

The name of the Limited Liability Company is:
SOUTH FLORIDA MEDICAL OFFICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5300 W. HILLSBORO BLVD.
#207
COCONUT CREEK, FL. 33073

The mailing address of the Limited Liability Company is:
5300 W. HILLSBORO BLVD.
#207
COCONUT CREEK, FL. 33073

Article III

Other provisions, if any:
ANY LAWFUL PURPOSE

Article IV

The name and Florida street address of the registered agent is:
MORRIS LAW GROUP
7284 W. PALMETTO PARK ROAD
#101
BOCA RATON, FL. 33433

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.

Registered Agent Signature: STUART R. MORRIS, ESQ., PRESIDENT

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
AMIR SHARIATI
5300 W. HILLSBORO BLVD., #207
COCONUT CREEK, FL. 33073

Title: MGR
MAHSA SHARIATI
5300 W. HILLSBORO BLVD., 207
COCONUT CREEK, FL. 33073

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Signature of member or an authorized representative

Electronic Signature: STUART R. MORRIS, AUTHORIZED REP

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.