Electronic Articles of Organization For Florida Limited Liability Company

L14000098484 FILED 8:00 AM June 19, 2014 Sec. Of State jdharris

Article I

The name of the Limited Liability Company is: RAJEUNIR MEDICAL CENTER, L.L.C.

Article II

The street address of the principal office of the Limited Liability Company is:

450 KNIGHTS RUN AVE UNIT 704 TAMPA, FL. US 33602

The mailing address of the Limited Liability Company is:

52 RILEY ROAD UNIT 155 CELEBRATION, FL. US 34747

Article III

Other provisions, if any:

THIS LIMITED LIABILITY COMPANY SHALL BE MANAGER-MANAGED.

Article IV

The name and Florida street address of the registered agent is:

IVAN M LEFKOWITZ 430 N MILLS AVE SUITE 4 ORLANDO, FL. 32803

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: IVAN M LEFKOWITZ

Article V

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

Title: MGR

GNP DEVELOPMENT PARTNERS, L.L.C.

52 RILEY ROAD, UNIT 155 CELEBRATION, FL. 3474 US

Title: MGR

CATHLEEN LANDERS

450 KNIGHTS RUN AVE, UNIT 704

TAMPA, FL. 33602 US

Signature of member or an authorized representative

Electronic Signature: IVAN M LEFKOWITZ, ESQ.

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.

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