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Florida Department of State
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From: Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
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DIVISION OF CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.
VIAMED INVESTMENTS, LLC.

Certificate of Status	1
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B. BOSTICK
SEP 23 2014

EXAMINER

9/22/2014 5:18 PM

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

VIAMED INVESTMENTS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

VIAMED INVESTMENTS, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**15040 SW 51 ST
MIRAMAR, FL. 33027**

The mailing address shall be:

**15040 SW 51 ST
MIRAMAR, FL. 33027**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

ANA C. CARRASCO

15040 SW 51 ST

Florida street address (P.O.BOX NOT acceptable)

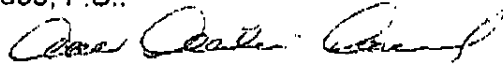
MIRAMAR, FL. 33027

City, State, and Zip

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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 605, F.S..

**REGISTERED AGENT'S SIGNATURE****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

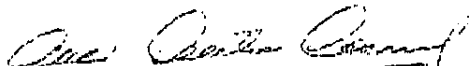
ANA C. CARRASCO
15040 SW 51 ST
MIRAMAR, FL. 33027

MANAGER

MAURICIO R. CARRASCO
15040 SW 51 ST
MIRAMAR, FL. 33027

MANAGER

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANA C. CARRASCO

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA