

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

L15000041497
FILED 8:00 AM
March 06, 2015
Sec. Of State
jshivers

Article I

The name of the Limited Liability Company is:

FLORIDA INSTITUTE FOR INFUSION THERAPY, LLC

Article II

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

17900 NW 5TH STREET
SUITE 203-C
PEMBROKE PINES, FL. 33029

The mailing address of the Limited Liability Company is:

17900 NW 5TH STREET
SUITE 203-C
PEMBROKE PINES, FL. 33029

Article III

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

GERARDO VALDES
17900 NW 5TH STREET
SUITE 203-C
PEMBROKE PINES, FL. 33029

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: GERARDO VALDES

Article IV

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

Title: AMBR
GERARDO VALDES
17900 NW 5TH STREET, SUITE 203-C
PEMBROKE PINES, FL. 33029

Title: AMBR
MICHEL RIZO
6720 TYLER STREET
HOLLYWOOD, FL. 33024

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Article V

The effective date for this Limited Liability Company shall be:

03/02/2015

Signature of member or an authorized representative

Electronic Signature: GERARDO VALDES

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.