

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

**L15000081049  
FILED 8:00 AM  
May 07, 2015  
Sec. Of State  
jdharris**

**Article I**

The name of the Limited Liability Company is:  
TRANSPARENT MEDICAL MANAGEMENT, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1490 SE MAGNOLIA EXTENSION  
OCALA, FL. US 34471

The mailing address of the Limited Liability Company is:  
POST OFFICE BOX 6200  
OCALA, FL. US 34478

**Article III**

Other provisions, if any:  
LLC IS MANAGER MANAGED

**Article IV**

The name and Florida street address of the registered agent is:  
GARY WALKER  
202 S ROME AVENUE  
SUITE 100  
TAMPA, FL. 33606

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: GARY WALKER, ESQUIRE

## **Article V**

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

Title: MGR  
CONNIE THOMAS  
1490 SE MAGNOLIA EXTENSION  
OCALA, FL. 34471 US

Title: MGR  
WANDA HOMAN  
1490 SE MAGNOLIA EXTENSION  
OCALA, FL. 34471 US

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Signature of member or an authorized representative

Electronic Signature: GARY WALKER, ESQUIRE

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.