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2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

HEALTHCARE MEDICAL SOLUTIONS LLC

Thank you!

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<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
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New Formation		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
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**ARTICLES OF ORGANIZATION
OF
HEALTHCARE MEDICAL SOLUTIONS LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I
Name**

The name of the Limited Liability Company is **HealthCare Medical Solutions LLC** (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is located at 3465 Galt Ocean Drive, #101, Fort Lauderdale, Florida 33308, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Victor Toledano, M.D., and the address of the Company's registered office is 3465 Galt Ocean Drive, #101, Fort Lauderdale, Florida 33308.

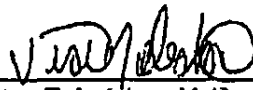
**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V
Management**

The Company is to be a manager-managed company and the name and address of the initial manager is Victor Toledano, M.D., 3465 Galt Ocean Drive, #101, Fort Lauderdale, Florida 33308.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of HealthCare Medical Solutions LLC this 2nd day of July, 2015.



Victor Toledano, M.D.
Authorized Representative

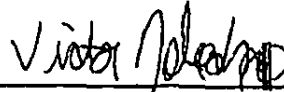
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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **HealthCare Medical Solutions LLC**
2. The name and address of the registered agent and office is: Victor Toledano, M.D., 3465 Galt Ocean Drive, #101, Fort Lauderdale, Florida 33308.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.



Victor Toledano, M.D.

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