

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

L15000112989
FILED 8:00 AM
June 30, 2015
Sec. Of State
cgolden

Article I

The name of the Limited Liability Company is:
OPTIMA HEALTHWORKS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1016 KELLY CREEK CIRCLE
OVIEDO, FL. 32765

The mailing address of the Limited Liability Company is:
P.O. BOX 291518
PORT ORANGE, FL. 15 32129

Article III

Other provisions, if any:
ANY LAWFUL PURPOSE

Article IV

The name and Florida street address of the registered agent is:
ALEJANDRO KNIGHT
1016 KELLY CREEK CIRCLE
OVIEDO, FL. 32765

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: ALEJANDRO KNIGHT

Article V

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

Title: MGR
ALEJANDRO KNIGHT
1016 KELLY CREEK CIRCLE
OVIEDO, FL. 32765

L15000112989
FILED 8:00 AM
June 30, 2015
Sec. Of State
cgolden

Article VI

The effective date for this Limited Liability Company shall be:

06/30/2015

Signature of member or an authorized representative

Electronic Signature: JIM ADKINSON, CPA

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.