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[Signature] 07/13/15



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Tampa, FL 33617
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Sheron@BassLawGroup.com
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July 3, 2015

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA US PRIORITY MAIL

Re: Articles of Organization
Physicians Practice & Office Solutions, L.L.C.

Dear Division of Corporations Personnel:

The enclosed Articles of Organization and fee for the above referenced Florida Limited Liability Company are submitted for filing. Enclosed please find a check in the amount of \$ 160.00 for the filing fee, certificate of status and a certified copy (additional copy enclosed).

Please return all correspondence concerning this matter to the following:

Sheron Alves Bass, Esquire
Sheron Alves Bass, P.A.
9385 North 56th Street, Suite 311
Temple Terrace, Florida 33617

For further information concerning this matter, please do not hesitate to contact me at the telephone number contained in the letterhead above. Thank you for your assistance with this matter.

Sincerely,

Sheron Alves Bass, Esquire

Enclosures

**ARTICLES OF ORGANIZATION
OF
PHYSICIANS PRACTICE & OFFICE SOLUTIONS, L.L.C.**

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ARTICLE I - NAME

The name of the limited liability company is Physicians Practice & Office Solutions, L.L.C. ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of Physicians Practice & Office Solutions, L.L.C. is:

Principal Office Address:
11181 Health Park Blvd. Ste. 2230
Naples, Florida 34110

Mailing Address:
11181 Health Park Blvd. Ste. 2230
Naples, Florida 34110

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

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

Christine Arocho
11181 Health Park Blvd. Ste. 2230
Naples, Florida 34110

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.



Christine Arocho

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the member-managed Physicians Practice & Office Solutions, L.L.C.:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Christine Arocho
7358 Acorn Way
Naples, Florida 34119

AMBR

Pedro Arocho, MD
7358 Acorn Way
Naples, Florida 34119

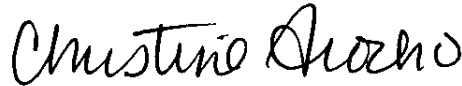
AMBR

Holly Sailors, CPA
116 Brandywine Trail
Atlanta, Georgia 30117

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REQUIRED SIGNATURE:



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

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christine Arocho

Typed or printed name of signee