

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

**L15000122500
FILED 8:00 AM
July 16, 2015
Sec. Of State
tbrown**

Article I

The name of the Limited Liability Company is:
MAGNOLIA FAMILY URGENT CARE, LLC

Article II

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

The mailing address of the Limited Liability Company is:
POST OFFICE BOX 309-160
OCALA, FL. US 34471

Article III

The name and Florida street address of the registered agent is:
EDWIN A GREEN III
4 SE BROADWAY STREET
OCALA, FL. FL

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: EDWIN A. GREEN, III

Article IV

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

Title: AMBR
MIGUEL CRUZ MD
214 SE 11TH AVENUE
OCALA, FL. 34471 US

Title: AMBR
STACY CRUZ
214 SE 11TH AVENUE
OCALA, FL. 34471 US

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Article V

The effective date for this Limited Liability Company shall be:

08/01/2015

Signature of member or an authorized representative

Electronic Signature: EDWIN A. GREEN, III

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.