

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

**L15000133625
FILED 8:00 AM
August 05, 2015
Sec. Of State
tscott**

Article I

The name of the Limited Liability Company is:
COMP OPTIONS HEALTH, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
25 N. MARKET ST.
202
JACKSONVILLE, FL. 32202

The mailing address of the Limited Liability Company is:
25 N. MARKET ST.
202
JACKSONVILLE, FL. 32202

Article III

The name and Florida street address of the registered agent is:
ARON W STEFANIDES
2928 YALE AVE
JACKSONVILLE, 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: ARON STEFANIDES

Article IV

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

Title: MGR
STEFANIDES W ARON
2928 YALE AVE
JACKSONVILLE, FL. 32210

Title: MGR
STEFANIDES ALLISON
2928 YALE AVE
JACKSONVILLE, FL. 32202

Title: MGR
LAVELLE M TODD
3938 HILLSMAN LANE
MARIETTA, GA. 30062

Signature of member or an authorized representative

Electronic Signature: ARON STEFANIDES

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.