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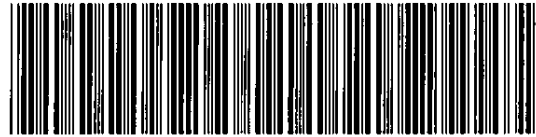
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2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

FLORIDA DIGESTIVE HEALTH SPECIALIST RESEARCH INSTITUTE, LLC

Thank you!

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC

☐ Name Registration

Formation

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

New Formation

☐ Call When Ready

☐ Call If Problem

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

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**ARTICLES OF ORGANIZATION
OF
FLORIDA DIGESTIVE HEALTH SPECIALIST RESEARCH INSTITUTE, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is FLORIDA DIGESTIVE HEALTH SPECIALIST RESEARCH INSTITUTE, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is located at 105 Triple Diamond Blvd., Suite 201, North Venice, Florida 34275.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Arun Khazanchi, M.D. and the address of the Company's registered office is 105 Triple Diamond Blvd., Suite 201, North Venice, Florida 34275.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

Florida Digestive Health Specialists, LLP
105 Triple Diamond Blvd., Suite 201
North Venice, Florida 34275

ARTICLE VI
Admission of Additional Members

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

ARTICLE VII
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MEMBER:

FLORIDA DIGESTIVE HEALTH SPECIALISTS,
LLP, a Florida limited liability partnership

By: _____

Arin Khazanchi, M.D., Partner

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

PURSUANT TO THE PROVISIONS OF SECTION 605.113, 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: FLORIDA DIGESTIVE HEALTH SPECIALIST RESEARCH INSTITUTE, LLC
2. The name and address of the registered agent and office is: Arun Khazanchi, M.D., 105 Triple Diamond Blvd., Suite 201, North Venice, Florida 34275.

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.


Arun Khazanchi, M.D.

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