

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

**L15000143923
FILED 8:00 AM
August 21, 2015
Sec. Of State
vherring**

Article I

The name of the Limited Liability Company is:
RECOVERY MANAGEMENT SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1500 W CYPRESS CREEK RD #417
FORT LAUDERDALE, FL. 33309

The mailing address of the Limited Liability Company is:
1500 W CYPRESS CREEK RD #417
FORT LAUDERDALE, FL. 33309

Article III

The name and Florida street address of the registered agent is:
JOHN MADDEN PA
900 SE OCEAN BLVD.
#126C
STUART, FL. 34994

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: JOHN MADDEN

Article IV

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

Title: MGRM
BURGEON MEDICAL GROUP INC.
422 N DIXIE HWY
LAKE WORTH, FL. 33460 US

Title: AMBR
DERIAMMO II, LLC
152 UMBRELLA PLACE
JUPITER, FL. 33458 US

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Article V

The effective date for this Limited Liability Company shall be:

08/21/2015

Signature of member or an authorized representative

Electronic Signature: BILL PEEVY

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.