

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

L15000160686
FILED 8:00 AM
September 21, 2015
Sec. Of State
nhaney

Article I

The name of the Limited Liability Company is:
WESTON FAMILY MEDICINE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1604B TOWN CENTER CIRCLE
WESTON, FL. 33326

The mailing address of the Limited Liability Company is:
3225 AVIATION AVE
SUITE 700
MIAMI, FL. 33133

Article III

Other provisions, if any:
ANY AND ALL LAWFUL PURPOSE.

Article IV

The name and Florida street address of the registered agent is:
MITCHELL YELEN
3225 AVIATION AVE
500
MIAMI, FL. 33133

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: MITCHELL YELEN

Article V

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

Title: MMGR
VITALMD GROUP HOLDING, LLC
3225 AVIATION AVE, SUITE 700
MIAMI, FL. 33133

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Signature of member or an authorized representative

Electronic Signature: KYLIE WAGENET

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.