

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

**L15000164635  
FILED 8:00 AM  
September 28, 2015  
Sec. Of State  
tburch**

**Article I**

The name of the Limited Liability Company is:

FULL CIRCLE JAX OF FLORIDA WOMEN CARE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

6817 SOUTHPOINT PARKWAY  
SUITE 2204  
JACKSONVILLE, FL. US 32216

The mailing address of the Limited Liability Company is:

1501 YAMATO ROAD, STE. 200 W  
BOCA RATON, FL. US 33431

**Article III**

The name and Florida street address of the registered agent is:

UPM SERVICE CORP.  
1501 YAMATO ROAD, STE. 200 WEST  
BOCA RATON, FL. 33431

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: CHRISTOPHER SUELING

## **Article IV**

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

Title: MGRM  
FLORIDA WOMAN CARE  
660 GLADES ROAD, SUITE 340  
BOCA RATON, FL. 33431 US

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Signature of member or an authorized representative

Electronic Signature: KENNETH KONSKER

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.