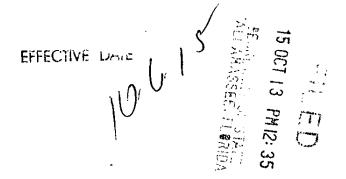
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COVER LETTER

Registration Section

Division of Corporations
SUBJECT: Elite Choice Physician LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elena Cabb
Name of Person
Elite Chorce Physician Firm/Company
Firm/Company
185 SW 7性 Street #3514
Address
Miami FL 33130
Miami FL 33130 City/State and Zip Code Elena Cabb @ gmail. Com E-mail address: (to be used for future annual report notification)
elenacabbe gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elena Cabb at (404) 372 9289 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$130.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{160.00 Filing Fee, Certified Copy}\$\$ (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Comp	any is:			
Elite	Choi	ce Physic	cian LLC.	15 OCT 13 PM 12: 35
(Must end with the	words "Limited	Liability Company	/, "L.L.C.," or "LLC.")	ALLAHASSEE FLANE
ARTICLE II - Address: The mailing address and street address o				- Certos
Principal Office Address:			Mailing Address:	
1855N75 Street Miami FL 3313	#3514			
Miami FL 3313	<u>30</u>			
ARTICLE III - Registered Agent, Reg	istered Office,	& Registered Age	nt's Signature:	
(The Limited Liability Company cannot			You must designate an ir	ndividual or
another business entity with an active Fl	orida registratio	n.)		
The name and the Florida street address	of the registered	agent are:		
	-		_	
	Cler	1a Cabb Name		
/8<		Street #		
		s (P.O. Box <u>NOT</u> a		
		, , , , , , , , , , , , , , , , , , , ,	33/30	
	City	State	Zip	
Having been named as registered agent an place designated in this certificate, I hereby further agree to comply with the provisions am familiar with and accept the obligation.	y accept the appe s of all statutes re	ointment as register clating to the prope	ed agent and agree to act and complete performar	t in this capacity. I nce of my duties, and I
place designated in this certificate, I hereby further agree to comply with the provisions	y accept the appo s of all statutes re s of my position	ointment as register elating to the prope as registered agent	ed agent and agree to act and complete performar as provided for in Chapte	t in this capacity. I nce of my duties, and I
place designated in this certificate, I hereby further agree to comply with the provisions	y accept the appo s of all statutes re s of my position	ointment as register elating to the prope as registered agent	ed agent and agree to act and complete performar as provided for in Chapte	t in this capacity. I nce of my duties, and I
place designated in this certificate, I hereby further agree to comply with the provisions	y accept the appo s of all statutes re s of my position of Ele	ointment as register clating to the prope	ed agent and agree to act rand complete performan as provided for in Chapte	t in this capacity. I nce of my duties, and I

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Aut "MGR" = Mana	horized Member ger	Name and Address:
		
(Use attachmen	• .	
i te of filing.) If the date inserted		filing: 10 00 2015 (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed state is records.
CLE VI: Other pro	-	state's records.
	CNATURE:	
REOUIRED S	GK.	un Call
-	Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
-	Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)