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**FLORIDA LIMITED LIABILITY CO.
FIG HEALTH, LLC**

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**ARTICLES OF ORGANIZATION
OF
FIG HEALTH, LLC
(A Florida Limited Liability Company)**

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: FIG Health, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company are: c/o Martin G. Burkett, Esq., One S.E. 3rd Avenue, 25th Floor, Miami, FL 33131.

**ARTICLE III
INITIAL REGISTERED OFFICE AND AGENT**

The name and Florida street address of the Company's initial registered agent are: NRAI Services, Inc., at 1200 S. Pine Island Rd., Plantation, Florida 33324.

**ARTICLE IV
EFFECTIVE DATE AND TIME**

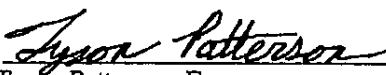
These Articles of Organization are effective upon the filing of these Articles of Organization with the Florida Department of State.

[Signature on the following page]

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15 NOV -2 PM 2:28
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TALLAHASSEE, FLORIDA

-11/2/2015 4:25:16 PM From: To: 8506176381(3/4)

2nd IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this day of November, 2015.


Tyson Patterson, Esq.,
Authorized Representative

**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Revised Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **FIG HEALTH, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Acceptance this 2nd day of November, 2015.

NRAI Services, Inc.

By: Connie Bryan
Name: _____
Title: Connie Bryan
Assistant Secretary