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FLORIDA LIMITED LIABILITY CO.
SALUS MEDICAL CONSULTANTS, LLC

Certificate of Status	0
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SECRETARY OF STATE
JACKSONVILLE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SALUS MEDICAL CONSULTANTS, LLC
(A Florida Limited Liability Company)**

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: SALUS MEDICAL CONSULTANTS, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company are: 572 Jacksonville Drive, Jacksonville Beach, FL 32250.

**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]

1/25/2016 4:04:19 PM From: To: 8506176381(3/4)

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 25th
day of January, 2016.

A handwritten signature in cursive script, appearing to read "Rema Awad", is written over a horizontal line.

Rema Awad, 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 **SALUS MEDICAL CONSULTANTS, 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 25th day of January, 2016.

NRAI SERVICES, INC.

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

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STATE OF FLORIDA