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(City/State/Zip/Phone #)

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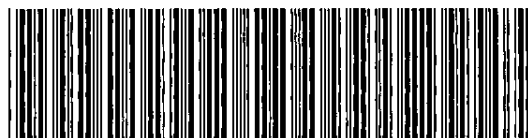
(Business Entity Name)

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PICK UP: 2/18 GLINDA

- ☐ **CERTIFIED COPY** _____
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1. ORLANDO HOSPITALIST PARTNERS (OHP), LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
ORLANDO HOSPITALIST PARTNERS (OHP), LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is ORLANDO HOSPITALIST PARTNERS (OHP), LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 9633 Hatton Circle, Orlando, FL 32832.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 9633 Hatton Circle, Orlando, FL 32832 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Arshad Rehman.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Arshad Rehman MD (AMBR)
9633 Hatton Circle
Orlando, FL 32832

FIFTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on February 17, 2016.



Arshad Rehman MD

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**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for ORLANDO HOSPITALIST PARTNERS (OHP), LLC and hereby voluntarily consent to serve as Registered Agent for ORLANDO HOSPITALIST PARTNERS (OHP), LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: February 17, 2016



Arshad Rehman MD

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