

L16000039664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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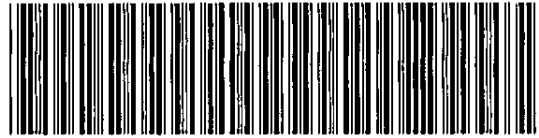
(Business Entity Name)

(Document Number)

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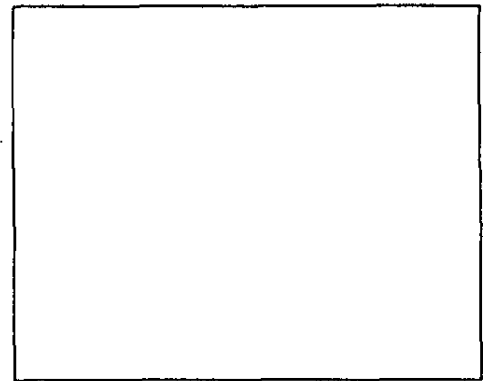
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TALLAHASSEE, FL 32301  
PHONE (850)364-8000



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ENTITY NAME:

VIO HEALTHCARE LLC

CK# 7176 FOR \$155.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION OF**  
**VIO Healthcare LLC**

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company shall be VIO Healthcare LLC (the "Company").

**ARTICLE II**  
**PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be 2525 Ponce De Leon Blvd., Suite 300, Miami, FL 33134, and such other place or places as the member from time to time may determine. The mailing address of the Company is 13520 SW 152<sup>nd</sup> Street, # 772521, Miami, FL 33177-9998.

**ARTICLE III**  
**INITIAL REGISTERED OFFICE AND**  
**REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

**ARTICLE IV**  
**MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The names and addresses of the managers who will serve as managers until the first annual meeting of the members or until their successors are elected and qualified in accordance with the Operating Agreement or applicable law are:

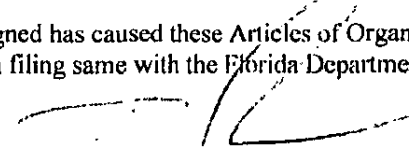
Jose Schwank  
2525 Ponce De Leon Blvd.  
Suite 300  
Miami, FL 33134

Jose Sanchez  
2525 Ponce De Leon Blvd.  
Suite 300  
Miami, FL 33134

**ARTICLE V**  
**DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 26<sup>th</sup> day of February, 2016, effective upon filing same with the Florida Department of State.

  
\_\_\_\_\_  
Todd N. Rosenberg, Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited liability company is:

VIO Healthcare LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.  
1500 San Remo Avenue, Suite 125  
Coral Gables, Florida 33146

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 as provided for in Chapter 605, F.S..

ATRIUM REGISTERED AGENTS, INC.

By: 

Todd N. Rosenberg, Vice President

Date: February 26, 2016.

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