

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000046232
FILED 8:00 AM
March 04, 2016
Sec. Of State
tburch

Article I

The name of the Limited Liability Company is:

HAINES CITY MEDICAL & INJURY CLINIC, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

306 S 10TH ST
SUITE#320
HAINES CITY, FL. US 33844

The mailing address of the Limited Liability Company is:

306 S 10TH ST
SUITE#320
HAINES CITY, FL. US 33844

Article III

The name and Florida street address of the registered agent is:

JUNAID KHAN
280 S STATE RD 434
SUITE #1049A
ALTAMONTE SPRINGS, FL. 32714

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.

Registered Agent Signature: JUNAID KHAN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM
JUNAID KHAN
280 S STATE RD 434 SUITE#1049A
ALTAMONTE SPRINGS, FL. 32714 US

Title: MGRM
JAIME JORGE-FLORES
3358 W SOUTHPORT RD
KISSIMMEE, FL. 34746 US

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Article V

The effective date for this Limited Liability Company shall be:

03/14/2016

Signature of member or an authorized representative

Electronic Signature: JUNAID KHAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.