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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Espi Healthcare, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

MTM

3/16/2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

Espi Healthcare, LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company:

**782 NW Lejeune Rd., Ste 530
Miami, FL 33126**

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's
Signature:

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

Jesus F. Bujan

Name

782 NW Lejeune Rd., Ste 530

Florida Street address (P.O. Box not acceptable)

Miami, FL 33126

City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as a 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.



Registered Agent's Signature

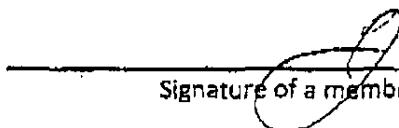
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ARTICLE IV-Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective due date is requested)



Signature of a member or an authorized representative of a member

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

Jesus F. Bujan

Typed or printed name of signee