Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000094554 3)))



H160000945543ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SHUFFIELD LOWMAN

Account Number : I20030000118

Phone

: (407)581-9800

Fax Number

: (407)581-9801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

FLORIDA LIMITED LIABILITY CO. VVC VIERA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

407 581 9801

Shufflied Lowman

02:10:04 p.m.

04-15-2016 FII E F 2 /3

(((H160000945543)))

16 APR 15 PM 1:12

ARTICLES OF ORGANIZATION
OF
VVC VIERA, LLC
A Florida Limited Liability Company

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of this limited liability company is VVC VIERA, LLC, referred to in these Articles of Organization as the "Company."

ARTICLE II MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is as follows:

1200 Edgewater Drive Orlando, FL 32804

ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq. Shuffield, Lowman & Wilson, P.A. 1000 Legion Place, Suite 1700 Orlando, FL 32801 407 581 9801

Shufflied Lowman

02:10:14 p.m.

04-15-2016

3/3

(((H160000945543)))

FILED

16 APR 15 PM 1: 12

ARTICLE V
MANAGEMENT

SECRETARY OF STATE (ALLAHASSEE FLORIDA

The name and address of each person authorized to manage and control the Company:

Title Name and Address

Manager SmartMed Management, LLC
1200 Edgewater Drive
Orlando, FL 32804

ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

William R. Lowman, Jr., Esq., as Authorized Representative

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 the Chapter 605 of the Florida Statutes.

William R. Lowman, Jr., Esq.