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Florida Department of State  
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FLORIDA LIMITED LIABILITY CO.  
MDVIP Medical Group (FL), PLLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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April 19, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
CORPORATE CREATIONS INTERNATIONAL INC.SUBJECT: MDVIP MEDICAL GROUP (FL), PLLC  
REF: W16000028828

Jessica,  
Can we pls  
keep the  
original submit/  
file date?  
thank you  
-Kristine

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H16000096332  
Letter Number: 516A00008060

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MDVIP Medical Group (FL), PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:1875 NW Corporate Boulevard, Suite 300  
Boca Raton, Florida 33431

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporate Creations Network, Inc.

Name

11380 Prosperity Farms Road, #221EFlorida street address (P.O. Box **NOT** acceptable)

<u>Palm Beach Gardens</u>	<u>Florida</u>	<u>33410</u>
City	State	Zip

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.

**Kristine Roy, Special Secretary**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

MDVIP Medical Group Holdings, LLC  
1875 NW Corporate Boulevard, Suite 300  
Boca Raton, FL 33431

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The Company is being formed for the purpose of medical practice.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Andrea Klemes, D.O., sole member of MDVIP Medical Group Holdings, LLC, the Member  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)