

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

**L16000100037  
FILED 8:00 AM  
May 23, 2016  
Sec. Of State  
thampton**

**Article I**

The name of the Limited Liability Company is:  
SPECIALTY HEALTH ASSOCIATES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
8929 SE BRIDGE RD.  
HOBE SOUND, FL. 33455

The mailing address of the Limited Liability Company is:  
8929 SE BRIDGE RD.  
HOBE SOUND, FL. 33455

**Article III**

The name and Florida street address of the registered agent is:  
NYS CONSULTING, LLC  
3615 KENNESAW PLACE  
MELBOURNE, FL. 32934

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: DAVID J. DORFMAN

### **Article IV**

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

Title: AMBR  
NYS CONSULTING, LLC  
3615 KENNESAW PLACE  
MELBOURNE, FL. 32934

Title: AMBR  
LJG MEDIA LLC  
8929 SE BRIDGE RD.  
HOBE SOUND, F. 33455

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### **Article V**

The effective date for this Limited Liability Company shall be:

05/23/2016

Signature of member or an authorized representative

Electronic Signature: DAVID DORFMAN

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.