

**L16000160846**

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

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Account Name : FILINGS, INC.  
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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
Medmatrix, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO 5/12/16

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Medmatrix, LLC

(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:757 SE 17 StreetFort Lauderdale, Florida 33316Mailing Address:757 SE 17 StreetFort Lauderdale, Florida 33316

## 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:

David J. Schottenfeld, Esquire

Name

7520 NW 5 Street - Suite 203Florida street address (P.O. Box NOT acceptable)PlantationFlorida33317

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.

  
Registered Agent's Signature (REQUIRED)

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**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/MGR

**Name and Address:**

Christopher Walsh

757 SE 17 Street

Fort Lauderdale, Florida 33316

AMBR

Karen Walsh

757 SE 17 Street

Fort Lauderdale, Florida 33316

AMBR

Joseph Dumbroff

123 NW 13 Street - Suite 300A

Boca Raton, Florida 33432

AMBR

David J. Schottenfeld


7520 NW 5 Street - Suite 203

Plantation, Florida 33317

(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.**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.

David J. Schottenfeld

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)

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