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**FLORIDA LIMITED LIABILITY CO.  
MIAMI LAKES MEDICAL ENTERPRISES, LLC**

Certificate of Status	0
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Page Count	03
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ARTICLES OF ORGANIZATION

OF

MIAMI LAKES MEDICAL ENTERPRISES, LLC, a Florida limited liability company

ARTICLE I - Company Name

The name of the Limited Liability Company is MIAMI LAKES MEDICAL ENTERPRISES, LLC.

ARTICLE II - Duration

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Mailing Address of Company

The mailing address and street address of the principal office of the Limited Liability Company is 7100 W. 20<sup>th</sup> Avenue, G126, Hialeah, FL 33016.

ARTICLE IV - Registered Agent and Registered Agent Address

The name and address of the initial registered agent for this Limited Liability Company is William S. Kramer, Esq., 200 East Las Olas Boulevard, 19<sup>th</sup> Floor, Fort Lauderdale, FL 33301.

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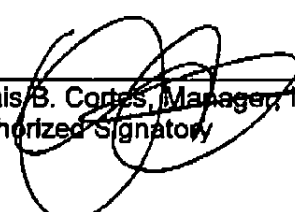
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**ARTICLE V - Management**

The Limited Liability Company is to be manager-managed. The name and address of the initial Manager who shall serve as Manager of the Limited Liability Company, until her successor is named and qualified or her resignation is:

Anais B. Cortes, 7100 W. 20th Avenue, G126, Hialeah, FL 33016.

IN WITNESS WHEREOF, the undersigned authorized member has executed these Articles this 10<sup>th</sup> day of October, 2016.

  
\_\_\_\_\_  
Anais B. Cortes, Manager, Member,  
Authorized Signatory

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.021, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**MIAMI LAKES MEDICAL ENTERPRISES, LLC, a Florida limited liability  
company**

2. The name and address of the registered agent and office is:

William S. Kramer, Esq.  
200 East Las Olas Boulevard, 19<sup>th</sup> Floor  
Ft. Lauderdale, FL 33301

*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.*

William S. Kramer

(Signature)

October 10, 2016  
(Date)

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