

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

L16000192918
FILED 8:00 AM
October 19, 2016
Sec. Of State
mtmoon

Article I

The name of the Limited Liability Company is:

FLORIDA HEALTH CARE, LLC

Article II

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

3304 SE LAKE WEIR AVE
SUITE # 3
OCALA, FL. 34471

The mailing address of the Limited Liability Company is:

3304 SE LAKE WEIR AVE
SUITE # 3
OCALA, FL. 34471

Article III

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

ZII,LLC
3304 SE LAKE WEIR AVE
SUITE # 3
OCALA, FL. 34471

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: S.ZAMAN

Article IV

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

Title: CEO
ZIL,LLC
3304 SE LAKE WEIR AVE,UNIT # 3
OCALA, FL. 34471 US

Title: COO
LAZINA ZAMAN
1705 SW 29TH STREET
OCALA, FL. 34471

Title: MD
S M HASANUZ ZAMAN MD
1705 SW 29TH STREET
OCALA, FL. 34471 US

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Article V

The effective date for this Limited Liability Company shall be:

10/15/2016

Signature of member or an authorized representative

Electronic Signature: S.ZAMAN

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.