11/10/2016

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name Account Number :

: BUSINESS FILINGS 105256001620

Phone

(608)827-5300

Fax Number

(608)827-5501

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO.

Medica Optima LLC

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Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION OF Medica Optima LLC

ARTICLE I

NAME

The name of the limited liability company is: Medica Optima LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 210 Grace Street, Tallahassec, Florida 32301.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:

Date: November 9, 2016

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

George Armet, 210 Grace Street; Tallahassee, Florida 32301

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ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

George Armet, Organizer

Date: November 9,2016

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true. 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 a 817.155, F.S.)

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SECRETARY OF STATE
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