

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

L17000039839
FILED 8:00 AM
February 20, 2017
Sec. Of State
ccave

Article I

The name of the Limited Liability Company is:
OPTIMAL CARE CENTER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3850 SW 87TH AVE
#305
MIAMI, FL. US 33165

The mailing address of the Limited Liability Company is:
PO BOX 402692
MIAMI BEACH, FL. US 33140

Article III

Other provisions, if any:
MEDICAL CLINIC

Article IV

The name and Florida street address of the registered agent is:
GURAMAN BHULLAR
3850 SW 87TH AVE
305
MIAMI, FL. 33165

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: GURAMAN BHULLAR

Article V

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

Title: MGRM
GURAMAN BHULLAR
PO BOX 402692
MIAMI BEACH, FL. 33140 US

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Article VI

The effective date for this Limited Liability Company shall be:

02/20/2017

Signature of member or an authorized representative

Electronic Signature: GURAMAN BHULLAR

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.