L17000071681

(Re	equestor's Name)	_					
(Ad	ldress)						
(Ad	ldress)						
(, , ,							
		· · · · · ·					
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	WAIT	MAIL					
_	_	_					
(Bu	isiness Entity Nan	ne)					
(Document Number)							
Certified Copies	Certificates	of Status					
	_						
·							
Special Instructions to	Filing Officer:						

Office Use Only



800297214308

800297214308 04/03/17--01001--006 **125.00

DEPARTMENT OF STATE

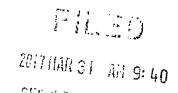
C. GOLDEN APR - 3 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida Patient Stat	te HOldings LLC						
				<u> </u>		 ,	
			<u> </u>	Art of Inc. File LTD Partnership File	122	201	
				Foreign Corp. File		2017 H.K.?	** ***********************************
			✓	L.C. File		<u>(3</u>	em ne na Estatement S
				Fictitious Name File			i i
				Trade/Service Mark Merger File		9: 40	*****
				Art, of Amend, File	• • •	0	
				RA Resignation			
				Dissolution / Withdrawal			
				Annual Report / Reinstatement_			_
				Cert. Copy			
			✓	Photo Copy			
			<u> </u>	Certificate of Good Standing			
				Certificate of Status			
				Certificate of Fictitious Name_			
				Corp Record Search			
				Officer Search	-		
				Fictitious Search			
Signature			·	Fictitious Owner Search			
-				Vehicle Search	_		
				Driving Record			
Requested by: BA	03/31/17			UCC 1 or 3 File			
Name	Date	Time		UCC 11 Search	_		
				UCC 11 Retrieval			
Walk-In	_ Will Pick Up			Courier			

ARTICLES OF ORGANIZATION



FOR

FLORIDA PROFESSIONAL LIMITED LIABILITY COMPÂNY

FLORIDA PATIENT STATE HOLDINGS LLC

ARTICLE I - NAME

The name of the Limited Liability Company is FLORIDA PATIENT STATE HOLDINGS LLC.

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

10435 N. Scottsdale Rd. Scottsdale, AZ 85253

608 W. Horatio Street Tampa, FL 33606

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATUARE

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

DAVID A. TOWNSEND, ESQUIRE Townsend & Brannon 608 West Horatio Street Tampa, Florida 33606-4104

Having been named as registered agent and to accept service of process for the above stated professional 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 608, Florida Statutes.

DAVID A. TOWNSEND, ESQUIRE

Registered Agent

<u>ARTICLE V – MANAGERS OR MANAGING MEMBERS</u>

The name and address of each Manager or Managing Member are as follows:

"MGR" = Manager

"MGRM" = Managing Member

TITLE:

NAME AND ADDRESS:

MGRM

JASON REIS 10435 N. Scottsdale Rd. Scottsdale, AZ 85253

ARTICLE VI - EFFECTIVE DATE

The effective date of this Limited Liability Company is March 31, 2017.

DAVID A. TOWNSEND

Signature of Incorporator