

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

L17000116373  
FILED 8:00 AM  
May 25, 2017  
Sec. Of State  
kpcardwell

**Article I**

The name of the Limited Liability Company is:

OPTIMA HEALTH LAB, LLC

**Article II**

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

2590 NORTHBROOKE PLAZA DRIVE  
207  
NAPLES, FL. US 34119

The mailing address of the Limited Liability Company is:

2590 NORTHBROOKE PLAZA DRIVE  
207  
NAPLES, FL. US 34119

**Article III**

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

BOBBY L WATSON  
7412 HERITAGE PALMS ESTATES DRIVE  
FT MYERS, FL. 33966

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: BOBBY WATSON

## **Article IV**

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

Title: MGR  
MICHAEL P VARVERIS  
2590 NORTHBROOKE PLAZA DRIVE #207  
NAPLES, FL. 34119 US

Title: AMBR  
BOBBY L WATSON  
7412 HERITAGE PALMS ESTATES DRIVE  
FT MYERS, FL. 33966 US

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Signature of member or an authorized representative

Electronic Signature: BOBBY WATSON

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.