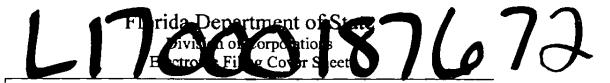
Division of Corporations

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From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

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FLORIDA LIMITED LIABILITY CO. RMA of Florida, LLC

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SUBJECT	RMA OF FLORIDA, LLC			
JUDIECI	Name of Limited Liability Company			
The enclose	ed Articles of Organization and	fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerniz	ng this matter to the	following:	
	Sharon K. Gray			
		Name of	Person	
	Triad Professional Services			
		Firm/Co	отралу	
	1720 Windward Concourse, S	uite 390		
		Add	'css	
	Alpharetta, GA 30005			
		City/State ar	d Zip Code	
-	E-mail address: (to	be used for future	annual report notificat	ion)
For further in	formation concerning this matt	er, please call:		
	Sharon K. Gray	770- at (777-2091	
•	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the following amou	ınt:		
\$125,00 Fil	ling Fee \$130.00 Filing Certificate of S	tatus Certifi	00 Filing Fee & Ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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SECRETARY OF SHARE
ALLOHOOF

ARTICLES OF ORGANIZATION OF RMA OF FLORIDA, LLC

AUGUST 30, 2017

These Articles of Organization of RMA of Florida, LLC, (the "Company") are being executed and filed by the undersigned, as the organizer, for the purpose of organizing a limited liability company under the Florida Revised Limited Liability Company Act.

- 1. The name of the Company is RMA of Florida, LLC.
- 2. The mailing address and street address of the principal office of the Company is 140 Allen Rd, Basking Ridge, NJ 07920.
- The name and the Florida street address of the registered agent of the Company are National Registered Agents, Inc., 1200 South Pine Island Road, Plantation, Florida 33324.

Having been named as registered agent and to accept service of process for the above stated 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.

Registered Agent's Signatur

By: Sharon K. Circus

These Articles of Organization shall become effective as of August 30, 2017.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned has executed and delivered these Articles of Organization.

MEMBER:

RMA OF FLORIDA, LLC

By: Dana Dombey

Title: Authorized Person