

L17000191302

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000241979 3)))



H170002419793ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

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

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

FLORIDA LIMITED LIABILITY CO.

Digniti Health Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
17 SEP 13 PM 12:20
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000241979 3)))

**ARTICLES OF ORGANIZATION
OF
DIGNITI HEALTH MANAGEMENT LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is DIGNITI HEALTH MANAGEMENT LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

5323 Millenia Lakes Blvd, Suite 300
Orlando, Florida 32839

The mailing address of the principal office of the Company is as follows:

5323 Millenia Lakes Blvd, Suite 300
Orlando, Florida 32839

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on September 8, 2017.

**ARTICLE IV
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq.
Shuffled, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

(((H17000241979 3)))

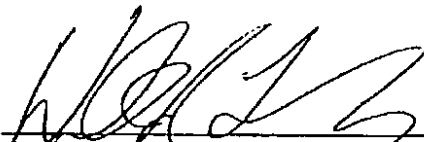
**ARTICLE V
MANAGEMENT**

The name and address of each person authorized to manage and control the Company:

Title	Name and Address
Manager	Sunita Mathew 5323 Millenia Lakes Blvd, Suite 300 Orlando, Florida 32839

**ARTICLE VI
APPLICABLE LAW**

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.




William R. Lowman, Jr., Esq., as
Authorized Representative

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr., Esq.