

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

L17000203137
FILED 8:00 AM
October 02, 2017
Sec. Of State
slsingleton

Article I

The name of the Limited Liability Company is:

CENTRAL FLORIDA ORTHOPEDIC & SPINE LLC

Article II

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

111 E MONUMENT AVE
SUITE 515
KISSIMMEE, FL. US 34741

The mailing address of the Limited Liability Company is:

280 S STATE RD 434
SUITE# 1049
ALTAMONTE SPRINGS, FL. US 32714

Article III

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

JUNAID KHAN
280 S STATE RD 434
SUITE# 1049
ALTAMONTE SPRINGS, FL. 32714

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: JUNAID KHAN

Article IV

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

Title: MGRM
LOUIS STARACE
111 E MONUMENT AVE SUITE#515
KISSIMMEE, FL. 34741 US

Title: MGRM
JUNAID KHAN
111 E MONUMENT AVE SUITE#515
KISSIMMEE, FL. 34741 US

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Article V

The effective date for this Limited Liability Company shall be:

10/02/2017

Signature of member or an authorized representative

Electronic Signature: JUNAID KHAN

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.