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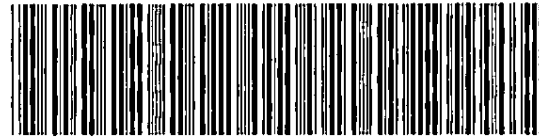
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LLC

1. NOVU DERMATOLOGY & INTERNAL MEDICINE, LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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**ARTICLES OF ORGANIZATION  
OF  
NOVU DERMATOLOGY & INTERNAL MEDICINE, LLC**

FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT 10 AM 8:04

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, does hereby adopt the following Articles of Organization.

**Article 1. - Name**

The name of the limited liability company is Novu Dermatology & Internal Medicine, LLC (the "Company").

**Article 2. - Commencement & Duration**

The Company shall commence upon the filing with the Florida Department of State and shall continue to exist perpetually.

**Article 3. - Company Address**

The street address of the Company's principal office is 619 Front St., Apt. 3204, Celebration, Florida 34747, and the mailing address of the Company is 7862 W. Irlo Bronson Mem. Hwy #346, Kissimmee, Florida 34747.

**Article 4. - Registered Office & Agent**

The name of the Company's initial registered agent in Florida is Cristina N. Cortes. The address of the Company's registered office in Florida is 619 Font St., Apt. 3204, Celebration, Florida 34747.

### Article 5. - Management

The Company is to be managed by managers and is, therefore, a manager-managed company and the initial managers and their address is:

<u>Title</u>	<u>Name and Address</u>
MGR	Gil Y. Cortes 619 Front St., Apt. 3204, Celebration, FL 34747
MGR	Cristina N. Cortes 619 Front St., Apt. 3204, Celebration, FL 34747

In accordance with Section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

  
\_\_\_\_\_  
Gil Y. Cortes

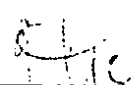
Date: October 6, 2017

  
\_\_\_\_\_  
Cristina N. Cortes

Date: October 6, 2017

### Statement Accepting Appointment as Registered Agent

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 in Chapter 605, Florida Statutes.

  
\_\_\_\_\_  
Cristina N. Cortes, Registered Agent

Date: October 6, 2017

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