

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

L17000253890
FILED 8:00 AM
December 12, 2017
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

FISIOCARE MIAMI LLC

Article II

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

8900 NW 97 AVE
UNIT 204
DORAL, FL. ES 33178

The mailing address of the Limited Liability Company is:

8900 NW 97 AVE
UNIT 204
DORAL, FL. ES 33178

Article III

Other provisions, if any:

HEALTH SERVICES AND ANY LAWFUL BUSINESS

Article IV

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

TAX CARE AVENTURA
3625 NW 82 AV
SUITE 307
MIAMI, FL. 33166

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: JESUS LEON

Article V

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

Title: AMBR
CARPIO MERCEDES MRS
8900 NW 97 AVE
DORAL, FL. 33178 ES

Title: MGR
NIETO PEDRO MR
8900 NW 97 AVE
DORAL, FL. 33178 ES

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Signature of member or an authorized representative

Electronic Signature: JESUS LEON

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.