

LI8000129096

**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.

(((H18000158912 3)))



H180001589123ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I28000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PHYSICIANS RIGTH PARTNER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

2018 MAY 23 PM 4:23

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 MAY 23 AM 11:27

RECEIVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC")*

PHYSICIANS RIGHT PARTNER LLC

ARTICLE II - Address:

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

14700 SW 172 STREET
MIAMI, FL 33187

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

MAURYN ARNOLD
14700 SW 172 STREET
MIAMI, FL 33187

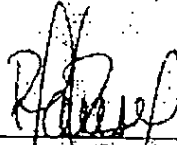
ARTICLE IV -

The name and title of each person authorized to manage and control the Limited Liability Company:

MAURYN ARNOLD - MANAGER
HAROLD H ARNOLD - AUTHORIZE MEMBER

18 MAY 23 AM 11:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Required Signatures:

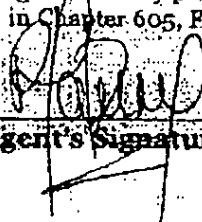
Signature of a member or an authorized representative of a member.

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 s.817.155, F.S.

MAURY N ARNOLD

Typed or printed name of signee

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, F.S..



Registered Agent's Signature (REQUIRED)