

L18000171407

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TALLAHASSEE, FLORIDA



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DATE: 7/16/18

NAME: MDIG OF FLORIDA, LLC

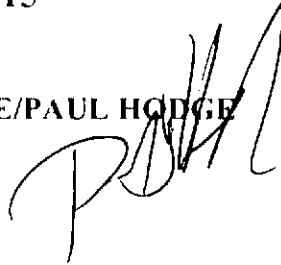
TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read 'PAUL HODGE', is written over the printed name 'PAUL HODGE' in the authorization field.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MDIG OF FLORIDA, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10127 WHISPER POINTE DR.
TAMPA, FL 33647

Mailing Address:

10835 N. 25TH AVE.
SUITE 240
PHOENIX, AZ 85029

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

PARACORP INCORPORATED

Name

155 OFFICE PLAZA DRIVE, 1ST FLOOR

Florida street address (P.O. Box **NOT** acceptable)

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32301</u>
City	State	Zip

I 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..

See Attached

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DAVID WEITZ, MD

10835 N. 25TH AVE., SUITE 240

PHOENIX, AZ 85029

MGR

CHRISTIAN INGUI, MD

10835 N. 25TH AVE., SUITE 240

PHOENIX, AZ 85029

MGR

AARON WITTENBERG, MD

10835 N. 25TH AVE., SUITE 240

PHOENIX, AZ 85029

MGR

PARAS SHAH, MD

10835 N. 25TH AVE., SUITE 240

PHOENIX, AZ 85029

(Use attachment if necessary)

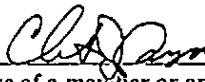
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CHRISTIAN INGUI, MD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

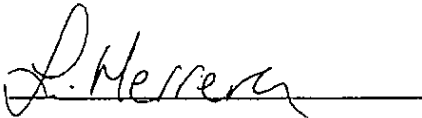
DATE: 7/16/18

ENTITY NAME: MDIG OF FLORIDA, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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