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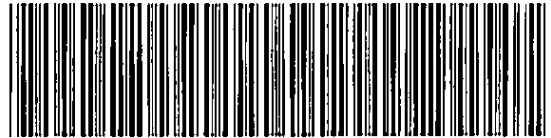
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1. OMKARAM, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
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**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION

FOR

OMKARAM, LLC

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I — NAME:

The name of the Limited Liability Company shall be: OMKARAM, LLC (the "Company")

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

10354 Wittenberg Way
Orlando, FL 32832

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is One Lake Morton Drive, Lakeland, Florida 33801, and the name of the registered agent at such address is Keith C. Smith, Esquire.

ARTICLE IV — MANAGEMENT:

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:

Pradip B. Baiju, M.D.
10354 Wittenberg Way
Orlando, FL 32832

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 17 day of July, 2018. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalty of perjury that the facts stated herein are true.

Pradip B. Baiju, M.D., Organizer



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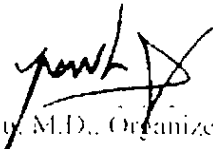
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

OMKARAM, LLC
2. The name and address of the registered agent and office is:

Keith C. Smith, Esquire
One Lake Morton Drive
Lakeland, Florida 33801


Pradip B. Baiju, M.D., Organizer

Date

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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.


KEITH C. SMITH, ESQUIRE

Date

7/17/18