

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

**L18000195222
FILED 8:00 AM
August 15, 2018
Sec. Of State
rekemple**

Article I

The name of the Limited Liability Company is:

RECOVER AT HOME LLC

Article II

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

1199 S FEDERAL HWY
STE 190
BOCA RATON, FL. US 33432

The mailing address of the Limited Liability Company is:

1199 S FEDERAL HWY
STE 190
BOCA RATON, FL. US 33432

Article III

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

LESTER STOCKETT
1199 S FEDERAL HWY
STE 190
BOXA RATON, FL. 33432

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: LESTER STOCKETT

Article IV

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

Title: AMBR
TELEMED HEALTH GROUP, LLC
1199 S FEDERAL HWY STE 190
BOCA RATON, FL. 33432 US

Title: AMBR
LESTER STOCKETT
1199 S FEDERAL HWY STE 190
BOCA RATON, FL. 33432 US

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Article V

The effective date for this Limited Liability Company shall be:

08/14/2018

Signature of member or an authorized representative

Electronic Signature: LESTER STOCKETT

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.