

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Email Address: mwood@garrettwoodcpa.com

FLORIDA LIMITED LIABILITY CO.  
MEM JAX CVM, LLC

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**ARTICLES OF ORGANIZATION  
OF  
MEM JAX CVM, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company shall be MEM JAX CVM, LLC.

**ARTICLE II**

The mailing address of the limited liability company shall be P.O. Box 551308, Jacksonville, Florida 32255. The street address of the principal office of the limited liability company shall be 7011 AC Skinner Parkway, Jacksonville, Florida 32256, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III**

The initial registered office of this limited liability company is 1495 Wentworth Avenue, St. Johns, Florida 32259. The initial registered agent at that address is Vaqar Ali, MD.

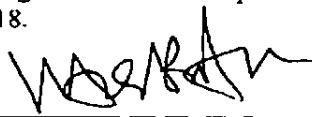
**ARTICLE IV**

The limited liability company shall be manager-managed. The initial manager of the limited liability company shall be Vaqar Ali, MD.

**ARTICLE V**

This limited liability company shall commence its existence as of the filing hereof, and shall exist perpetually thereafter unless sooner dissolved.

**IN WITNESS WHEREOF**, the undersigned authorized representative has executed these Articles of Organization on October 16, 2018.

  
\_\_\_\_\_  
Vaqar Ali, M.D., Authorized Representative

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**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

**FIRST** -- The name of the limited liability company is MEM JAX CVM, LLC.

**SECOND** -- The name and address of the registered agent and office is:

Vaqr Ali, M.D.  
1495 Wentworth Avenue  
St. Johns, Florida 32259

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.

Signed October 16, 2018.

  
\_\_\_\_\_  
Vaqr Ali, M.D.

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