

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

L19000130224
FILED 8:00 AM
May 14, 2019
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
MY EMERGENT CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
999 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL. 33134

The mailing address of the Limited Liability Company is:
999 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL. 33134

Article III

The name and Florida street address of the registered agent is:
AXIAL MANAGEMENT SERVICES LLC
999 PONCE DE LEON BLVD.
STE 650
CORAL GABLES, FL. 33134

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: HIRAM OCARIZ

Article IV

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

Title: MGR
MY URGENT CARE, LLC
999 PONCE DE LEON BLVD, 650
CORAL GABLES, FL. 33134

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Signature of member or an authorized representative

Electronic Signature: M. PRICE

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.