

Division of Corporations

**L19000140597**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Ginger Medical Office, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
GINGER MEDICAL OFFICE, LLC**

THE UNDERSIGNED, pursuant to the provisions of Chapter 605 of the Florida Revised Limited Liability Company Act, for the purpose of forming a Florida Limited Liability Company (the "Company") under the laws of the State of Florida does set forth the following:

**ARTICLE I - Name:**

The name of the Limited Liability Company is GINGER MEDICAL OFFICE, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 11495 SW 93<sup>rd</sup> Court, Miami, Florida 33176.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Laurence I. Blair, c/o Greenspoon Marder LLP, 2255 Glades Road, Suite 400E, Boca Raton, FL 33431.

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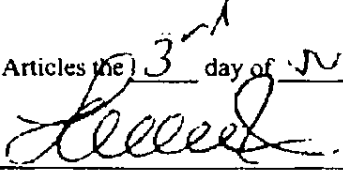
**ARTICLE V - Management:**

Initially, the Company shall be manager managed and the initial managers shall be as listed below; provided, that the Company may determine, from time to time, to become member managed or change the manager from time to time and the Company reserves the right to update such information through its annual report filings, amendments to the Company's operating agreement, or as otherwise provided by applicable law:

Gina Wigoda  
11495 SW 93<sup>rd</sup> Court  
Miami, Florida 33176

Patricia Nahmad  
11495 SW 93<sup>rd</sup> Court  
Miami, Florida 33176

Whereof, the undersigned has executed these Articles the 3<sup>rd</sup> day of June, 2019.

  
\_\_\_\_\_  
Laurence I. Blair, Esq.  
Authorized Representative of Member

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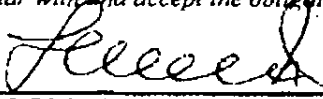
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN  
THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  
  
Ginger Medical Office, LLC
2. The name and address of the registered agent and office is:

Laurence I. Blair, Esq.  
Greenspoon Marder LLP  
2255 Glades Road, Suite 400E  
Boca Raton, FL 33431

*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 its duties, and I am familiar with and accept the obligations of its position as registered agent.*

  
\_\_\_\_\_  
Laurence I. Blair, Esq., (Signature) 6/3/19 (Date)