

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

**L19000156878
FILED 8:00 AM
June 13, 2019
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:
SI MEDICAL LLC

Article II

The street address of the principal office of the Limited Liability Company is:
15970 W STATE RD 84
STE 450
WESTON, FL. 33326

The mailing address of the Limited Liability Company is:
15970 W STATE RD 84
STE 450
SUNRISE, FL. 33326

Article III

Other provisions, if any:
ANY AND ALL BUSINESS LEGAL IN THE STATE OF FLORIDA

Article IV

The name and Florida street address of the registered agent is:
JAMES WATTS
8908 W STATE RD 84
DAVIE, FL. 33324

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: J WATTS

Article V

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

Title: MGR
PAOLA HENDRICKS
1181 GOLDEN CANE DR
WESTON, FL. 33327

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Signature of member or an authorized representative

Electronic Signature: PAOLA HENDRICKS

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.