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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

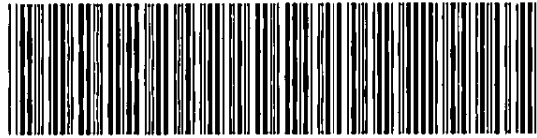
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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
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PRIMEMED LAKE MEDICAL II LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: BA

6/26/19

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
PRIMEMED LAKE MEDICAL II LLC**

**ARTICLE I  
Name**

The name of the limited liability company is PrimeMed Lake Medical II LLC (hereinafter called the "Company").

**ARTICLE II  
Principal Office**

The mailing address and the street address of the principal office of the Company is 2750 N.E. 185<sup>th</sup> Street, Suite 201, Aventura, Florida 33180.

**ARTICLE III  
Initial Registered Office and Registered Agent**

The street address of the Company's initial registered office in the State of Florida is 2750 N.E. 185<sup>th</sup> Street, Suite 201, City of Aventura, County of Miami-Dade, and the name of its initial registered agent at such office is Louis R. Montello.

**ARTICLE IV  
Management**

The Company is to be manger managed.


**ARTICLE VI  
Indemnification**

The Company shall indemnify and shall advance expenses on behalf of its members and managers to the fullest extent not prohibited by any law in existence either now or hereafter.

The undersigned, being one of the original members of the Company, hereby certifies that the foregoing constitutes the Articles of Organization of PrimeMed Lake Medical II LLC.

Executed by the undersigned at Aventura, Florida, this 26<sup>th</sup> day of June, 2019.

PRIMEMED LAKE MEDICAL II LLC

By:   
Louis R. Montello,  
As Authorized Representative

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**ACCEPTANCE BY REGISTERED AGENT**

The undersigned, having been named the Registered Agent of PrimeMed Lake Medical II LLC, hereby accepts such designation and is familiar with, and accepts, the obligations of such position.

June 26, 2019



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Louis R. Montello,  
Registered Agent

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