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

From: Account Name : SPOOR LAW, P.A.
Account Number : I2011000021
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Fax Number : (727)209-3467

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: andrea.berke1@yahoo.com

FLORIDA LIMITED LIABILITY CO. Clarify Medical Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2017 JUL 15 AM 11:22

19 JUL 15 PM 7:09
SECRETARY OF STATE
TAMASSER, FLORIDA

ARTICLES OF ORGANIZATION OF CLARIFY MEDICAL SERVICES, LLC

- 1. Name The name of this limited liability company is CLARIFY MEDICAL SERVICES, LLC (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the laws of the State of Florida
2. Place of Principal Office. The mailing and street address of the Company's principal office is 1928 Rose St., Sarasota, Florida 34239.
3. Registered Agent and Office. The name of the initial registered agent of the Company is Spoor Law, P.A. The street address of the initial registered agent of the Company is 877 Executive Center Dr., W., Suite 100, St. Petersburg, Florida 33702.
4. Management of the Company. The management of the Company shall be vested in the managers of the Company. The name and address of the initial managers of the Company are as follows:

Table with 2 columns: Name, Address. Row 1: Andrea Berke, 1928 Rose St. Sarasota, Florida 34239

5. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

6. Purpose; Operating Agreement. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization this 15th day of July, 2019.

In accordance with Section 605.0203(1)(b), Florida Statute, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.

Handwritten signature of James R. Spoor

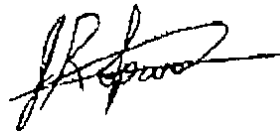
James R. Spoor, Authorized Representative of Member

Vertical stamp: 19 JUL 15 PM 7:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

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 as provided for in Chapter 605, F.S.

Spoor Law, P.A.



By: _____
James R. Spoor, President

Dated: July 15, 2019