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From:

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Account Number : I19990000278  
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**FLORIDA LIMITED LIABILITY CO.  
Quo Vadis Healthcare, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION**

**OF**

**Quo Vadis Healthcare, LLC**

**A Florida Limited Liability Company**

The undersigned, being authorized to execute and file these Articles of Organization,  
hereby certifies that:

**ARTICLE I — Name**

The name of the limited liability company (hereinafter referred to as the "Company") is:

Quo Vadis Healthcare, LLC

**ARTICLE II — Address**

The street address of the principal office and the mailing address of the Company is:

21142 Sky Vista Drive  
Land O' Lakes, Florida 34637

**ARTICLE III — Registered Agent**

The name and the Florida street address of the initial registered agent are:

Robert V. Williams  
Burr & Forman LLP  
201 N. Franklin Street  
Suite 3200  
Tampa, Florida 33602

**ARTICLE IV — Management**

The Company is to be managed by managers, and is therefore a manager-managed  
limited liability company. The name and address of the initial manager of the Company is as  
follows:

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**Name:**

Marc S. Ryan

**Address:**

21142 Sky Vista Drive  
Land O' Lakes, FL 34637

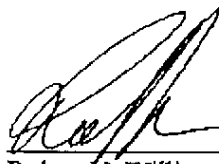
**ARTICLE V— Operating Agreement**

Any Operating Agreement as defined in Section 605.0102(45) of the Florida Revised Limited Liability Company Act ("FRLCA"), relating to the Company, must be in writing and signed by all of its members.

**ARTICLE VI — Limitation on Agency Authority of Members**

Pursuant to Section 605.04074 of FRLCA, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 2nd day of July, 2019.



Robert V. Williams, Authorized Representative


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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for Quo Vadis Healthcare, LLC at the place designated in this statement below. 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 under Chapter 605, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent this 22nd day of July, 2019.

  
\_\_\_\_\_  
Robert V. Williams

Address: Burr & Forman LLP  
201 N. Franklin Street  
Suite 3200  
Tampa, FL 33602

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