

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

L19000197578
FILED 8:00 AM
August 02, 2019
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
CHOXI MEDICAL INSTITUTE, PLLC.

Article II

The street address of the principal office of the Limited Liability Company is:
1000 WEST AVE
#1027
MIAMI BEACH, FL. 33139

The mailing address of the Limited Liability Company is:
1000 WEST AVE
#1027
MIAMI BEACH, FL. 33139

Article III

Other provisions, if any:
ALL BUSINESS IN MEDICINE AND IN HEALTH, SPECIFICALLY PAIN
ANESTHESIA.

Article IV

The name and Florida street address of the registered agent is:
THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
2151 S LEJEUNE ROAD
SUITE 306
CORAL GABLES, FL. 33134

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: MAX ADAMS

Article V

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

Title: MGR
ANKEET CHOXI
1000 WEST AVE #1027
MIAMI BEACH, FL. 33139 US

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Signature of member or an authorized representative

Electronic Signature: ANKEET CHOXI

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.