

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

**L19000303676
FILED 8:00 AM
December 13, 2019
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

QCM INVERNESS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1907 HWY 44 WEST
INVERNESS, FL. 34453

The mailing address of the Limited Liability Company is:

16528 N DALE MABRY HWY
TAMPA, FL. 33618

Article III

Other provisions, if any:

HEALTHCARE SERVICES

Article IV

The name and Florida street address of the registered agent is:

BRIAN SANDERS
16528 N DALE MABRY HWY
TAMPA, FL. 33618

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: BRIAN SANDERS

Article V

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

Title: MGR
DSM MEDICAL HOLDINGS LLC
1990 N PROSPECT AVE
LECANTO, FL. 34461

L19000303676
FILED 8:00 AM
December 13, 2019
Sec. Of State
jafason

Article VI

The effective date for this Limited Liability Company shall be:

12/12/2019

Signature of member or an authorized representative

Electronic Signature: BRIAN SANDERS

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.