

1/29/2020

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Florida Department of State  
Division of Corporations  
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To:

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

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Account Name : C T CORPORATION SYSTEM  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.**  
**Synaptic Health LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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**ARTICLES OF ORGANIZATION  
OF  
SYNAPTIC HEALTH LLC**

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the limited liability company is: **SYNAPTIC HEALTH LLC** (the "Company")

**ARTICLE II  
ADDRESS**

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

Principal Office Address:  
2333 Ponce de Leon Blvd.  
Suite R240  
Coral Gables, FL 33134

Mailing Address:  
2333 Ponce de Leon Blvd.  
Suite R240  
Coral Gables, FL 33134

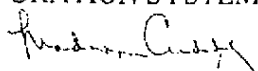
**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S  
SIGNATURE**

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

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

*Having been named as registered agent and to accept service of process for the above 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.*

CT CORPORATION SYSTEM

By:   
Name: Madonna Cuddihy  
Title: Assistant Secretary

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**ARTICLE IV**  
**OPERATING AGREEMENT**

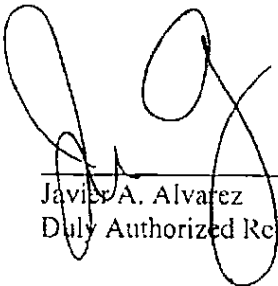
The power to adopt, alter, amend, or repeal an operating agreement for the Company shall be vested in the Members of the Company.

**ARTICLE V**  
**MANAGEMENT**

The name and address of each person authorized to manage and control the Company:

|               |   |
|---------------|---|
| <u>Title:</u> | <u>Name and Address:</u>  |
| Manager       | Salman Salman<br>12025 SW 68 Avenue<br>Miami, FL 33156                              |
| Manager       | David Neithardt<br>2333 Ponce de Leon Blvd.<br>Suite R240<br>Coral Gables, FL 33134 |

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Organization as of the 29th day of January, 2020.

  
\_\_\_\_\_  
Javier A. Alvarez  
Duly Authorized Representative of a Member

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