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Florida Department of State

Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
ADMINISTRATION INTERNATIONAL MEDICAL SERVICES, LLC

Certificate of Status	1
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CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

T. BURCH

FEB 7 2020

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

Administration International Medical Services, LLC

ARTICLE II - Address:

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

Street Address: 4430 SW 83rd Avenue, Miami, FL 33155

Mailing Address: 1825 Ponce de Leon Blvd., Ste. 500, Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Joaquin A. Sosa, JD at 4430 SW 83rd Avenue, Miami, FL 33155

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

MGR - Hector J. Perez Corzo, MD

MGR - H. & M. International Medical Services, LLC

AR - JAS.LAW, LLC by Joaquin A. Sosa

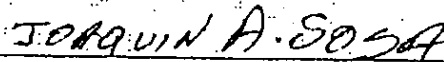
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Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document 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.

**Typed or printed name of signee**

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..

**Registered Agent's Signature (REQUIRED)**SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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