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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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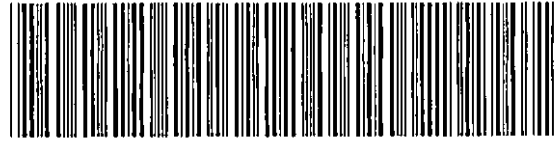
(Business Entity Name)

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- CERTIFIED COPY** _____
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1. **ORLANDO ID PHYSICIANS & SPECIALISTS, LLC**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

SPECIAL INSTRUCTIONS: _____

**ARTICLES OF ORGANIZATION
OF
ORLANDO ID PHYSICIANS & SPECIALISTS, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is ORLANDO ID PHYSICIANS & SPECIALISTS, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing and street address of the principal office of the Limited Liability Company is 1815 Laurelton Hall Lane, Winter Park, FL 32789.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 1815 Laurelton Hall Lane, Winter Park, FL 32789 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Wilfred Onyia.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Wilfred Onyia (AMBR)
1815 Laurelton Hall Lane
Winter Park, FL 32789

SIXTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on March 19, 2020.

X. 
Wilfred Onyia

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**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for ORLANDO ID PHYSICIANS & SPECIALISTS, LLC hereby voluntarily consent to serve as Registered Agent for ORLANDO ID PHYSICIANS & SPECIALISTS, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: March 19, 2020

X 
Wilfred Onyia