

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

**L20000087544  
FILED 8:00 AM  
March 23, 2020  
Sec. Of State  
jsdennis**

**Article I**

The name of the Limited Liability Company is:

ICARE MOBILE MEDICINE LLC

**Article II**

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

2525 EMBASSY DR  
SUITE 5  
COOPER CITY, FL. 33026

The mailing address of the Limited Liability Company is:

2063 NE 182ND ST.  
NORTH MIAMI BEACH, FL. 33162

**Article III**

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

IVAN ISLAMAJ  
2063 NE 182ND ST  
NORTH MIAMI BEACH, FL. 33162

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: IVAN ISLAMAJ

### **Article IV**

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

Title: PR  
IVAN ISLAMAJ  
2063 NE 182ND ST  
NORTH MIAMI BEACH, FL. 33162

Title: MD  
NICHOLAS SUITE  
2525 EMBASSY DR.  
COOPER CITY, FL. 33026

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### **Article V**

The effective date for this Limited Liability Company shall be:

03/25/2020

Signature of member or an authorized representative

Electronic Signature: IVAN ISLAMAJ

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.