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(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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05/12/20--01023-+007 **125.00

82/25/20--01003--025 **100.60

S/12/20== S/12/20== LCMerger With Formation of LLC Attached

COVER LETTER

	1	COVERLETTER			
TO:					
e i i i i	JECT: CONSTELLATION MEDICAL (GROUP, LLC			
SUBI	TECE:	Name of Surviving Party			
The e	enclosed Certificate of Merger and fee(s	s) are submitted for filing.			
Pleas	e return all correspondence concerning	this matter to:			
Olesia	a Y. Belchenko				
	Contact Person				
Olesia	a Y. Belchenko, P.A.				
	Firm/Company				
1221	Brickell Avenue, Suite 2400				
	Address				
Miam	ú. Florida 33131				
	City, State and Zip C	Code			
olesia	t@belchenkolaw.com				
	E-mail address: (to be used for future	e annual report notification)			
For fu	urther information concerning this matt	er, please call:			
Olesia	a Y. Belchenko	at (305) 200-5553			
	Name of Contact Person	Area Code Daytime Telephone Number			
0	Certified copy (optional) \$30.00				
STRI	EET ADDRESS:	MAILING ADDRESS:			
	ndment Section	Amendment Section			
	ion of Corporations	Division of Corporations			
	on Building	P. O. Box 6327 Tallahassee, FL 32314			
	Executive Center Circle hassee, FL 32301	rananassee, rt. 52514			

CR2E080 (2/14)

ARTICLES OF MERGER

The following articles of merger (the "Articles of Merger") are being submitted to the Florida Department of State in accordance with the Florida Revised Limited Liability Company Act, pursuant to Sections 605.1021-605.1026, Florida Statutes, to merge the following Florida limited liability companies in accordance with Section 605.1025, Florida Statutes.

FIRST: THE MERGING PARTIES

The exact name, jurisdiction, and entity type for each <u>merging</u> company (collectively, the "Merging Companies") are as follows:

Jurisdiction	Entity Type
Florida	LLC
Florida	T T
Florida	LIÉ TO
	Florida

SECOND: THE SURVIVING PARTY

The exact name, jurisdiction, and entity type of the <u>surviving</u> company (the "Surviving Company") are as follows:

Name	<u>Jurisdiction</u>	Entity Type
Constellation Medical Group, LLC Florida Document Registration Number:	Florida	LLC

THIRD: APPROVAL OF THE MERGER

The merger was approved by each domestic merging entity that is a limited liability company in in accordance with Sections 605.1021-605.1026, Florida Statutes; and by each member of such limited liability company who as a result of the merger will have interest holder liability under Section 605.1023(1)(b).

FOURTH: ENTITY CREATION

The Surviving Company shall be created by the merger. The Articles of Organization of the Surviving Company are attached hereto as <u>Exhibit 1</u>.

FIFTH: APPRAISAL RIGHTS

The Surviving Company agrees to pay any members of the Merging Companies with appraisal rights the amount, to which such members are entitled under Sections 605.1006 and 605.1061-605.1072, Florida Statutes.

SIXTH: EFFECTIVE DATE OF THE MERGER

The merger shall become effective on the date and at the time that the Articles of Merger are filed with the Florida Department of State. At the effective time of the merger, each of the Merging Companies shall be merged into the Surviving Company.

[Signatures on following page]

IN WITNESS WHEREOF, the parties have executed and delivered this Plan of Merger as of the date and year first above written.

MERGING COMPANIES:

Pisces Medical, LLC, a Florida limited liability company

Florida	Health Investments, LLC
Ву:	111111111111111111111111111111111111111
Name:	Nicola Alvarez, M.D.
Title:	Manager
Mezna	(LLC)
By:	11: (11)
	Julio Gomez, M.D.
litte:	Manager

Virgo Medical, LLC, a Florida limited liability company

Florida	Health Ingestments, LLC
Ву:	III Jan
Name:	Nicolar Awarez, M.D.
Title:	Manager
MDER	da, LLC
B	20 Place MA
Name:	Elda Regalado, M.D.
Tides	President

Libra Medical, LLC, a Florida limited liability company

-					
Florida l	Health Lifestmen	its, LLC			
By:	Muse				
	Nicolar Alvarez.	M.D.			
	Manager				
MGareia	i-Herran, LLC	1 /1	au	/ /•	1.
Bv: /	Manuel		AM	ノらメ	M
-	Manuel Garcia-H		(.)6.		

SURVIVING COMPANY:

Constellation Medical Group, LLC, a Florida limited liability company

Name: Nicolas Alvarez, M.D.

Title: President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		•		
The name of the Limited Liabil	lity Company is:		نب	
•				3 %
CONSTELLATION	N MEDICAL GROUP, L	1.0		The San
	ntain the words "Limited		v. "L.L.C" or "LLC.")	<u> </u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			v.	
ARTICLE II - Address:		6.1 1		
The uniling address and street	address of the principal of	office of the Limit	ed Liability Company is:	*./.
<u>Princi</u>	pal Office Address:		Mailing Address:	· · · · · · · · · · · · · · · · · · ·
1205 SW 37th Ave	nuc	1	205 SW 37th Avenue	
Miami, Florida 331	35 <u>,</u> US	N	iami, Florida 33135, US	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with ar The name and the Florida stree	ny cannot serve as its own active Florida registration	n Registered Ager on.)	t. You must designate an individua	lor
		Name	• • •	
	1205 SW 37th Aven	nie		
	Florida street address (P.O. E		acceptable)	
	Miami	Florida	33135	
	City	State	Zip	
place designated in this certificat further agree to comply with the	e, I hereby accept the app provisions of all statutes r	continent as regist relating to the prop as registered age	the above stated limited liability con ered agent and agree to act in this c per and complete performance of my at as provided for in Chapter 605, F wature (REQUIRED)	capacity. I cduties, and I
		(CONTINUE)	0)	

. ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Nicolas R. Alvarez 1205 SW 37th Avenue Miami, Florida 33135
<u>MGR</u>	Elda Regalado 1205 SW 37th Avenue Miami, Florida 33135
м G R	Julio Gomez 1205 SW 37th Avenue Miami, Florida 33135
MGR	Manuel Garcia-Herran 1205 SW 37th Ayenue Miami, Florida 33135
(Use attachment if necessary)	
If an effective date is listed, the date must he date of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
This document is a lam aware that any	the member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes, or false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Nicolas R. Alvarez, Manager, Florida Health Investments, LLC
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)