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(Requestor's Name)

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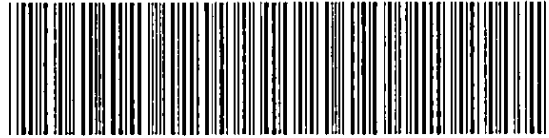
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DEPT. OF REVENUE

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MAY 20 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 300363 7838690

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE : May 21, 2020

ORDER TIME : 4:29 PM

ORDER NO. : 300363-050

CUSTOMER NO: 7838690

DOMESTIC FILING

NAME: NEIGHBORMD OF SUNRISE, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

Executed

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**ARTICLES OF ORGANIZATION  
OF  
NEIGHBORMD OF SUNRISE, LLC**

The undersigned authorized representatives (the "Authorized Representatives") sign these Articles of Organization and form a limited liability company (the "Company") pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act (the "Act"), as follows:

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*Dated as of May 21, 2020*

**ARTICLE I – NAME**

The name of the Company is:

NeighborMD of Sunrise, LLC

**ARTICLES II – MAILING ADDRESS AND STREET ADDRESS**

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

NeighborMD of Sunrise, LLC  
8393 W Oakland Park Boulevard  
Sunrise, FL 33351

**ARTICLE III – INITIAL REGISTERED AGENT AND OFFICE**

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

The written acceptance of the Company's initial registered agent, pursuant to 605.0201 (2) (c) of the Florida Revised Limited Liability Act, is attached herein as **Exhibit A**.

**ARTICLE IV – PURPOSE**

The Company is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

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## **ARTICLE V – DURATION**

The Company shall have perpetual existence unless sooner dissolved, according to law; corporate existence shall commence upon the filing of the Articles of Organization by the Florida Department of State.

*[Remainder of Page Intentionally Left Blank; Signature Page to Follow]*

In accordance with Section 605.0203(1)(b), of the Florida Revised Limited Liability Company Act, 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 Section 817.155 of the Florida Statutes.

**AUTHORIZED REPRESENTATIVES:**

/s/ Michael Muchnicki

Name: Michael Muchnicki

/s/ Lee Clark

Name: Lee Clark

**EXHIBIT A**

**Written Acceptance of the Company's Initial Registered Agent**

See attached.

**EXHIBIT A**

**ACCEPTANCE BY REGISTERED AGENT**

Pursuant to Article III of the Articles of Organization of NeighborMD of Sunrise, LLC, a Florida limited liability company (the "Company"), the Company's initial registered office and registered agent office information, in the State of Florida, is as follows:

1. The name of the Company is:

NeighborMD of Sunrise, LLC

2. The name and address of the registered agent and registered office are:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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 of the Florida Statutes.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Kadosha Roberson

Title: \_\_\_\_\_

Asst. Vice President

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