

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

L20000271680  
FILED 8:00 AM  
September 10, 2020  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
OHI WEST MEDICAL GROUP LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1414 KUHLE AVE.  
ORLANDO, FL. US 32806

The mailing address of the Limited Liability Company is:  
1414 KUHLE AVE., MP 2  
ORLANDO, FL. US 32806

**Article III**

The name and Florida street address of the registered agent is:  
RYAN ZIKA  
1414 KUHLE AVE., MP2  
ORLANDO, FL. 32806

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: RYAN ZIKA

### **Article IV**

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

Title: AMBR  
ORLANDO HEALTH MEDICAL GROUP, INC.  
1414 KUHLE AVE.  
ORLANDO, FL. 32806 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

09/06/2020

Signature of member or an authorized representative

Electronic Signature: ASHLEY KEATING

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.

L20000271680

**AUTHORITY FOR CREATION OF THE LIMITED LIABILITY COMPANY WITH THE  
SAME NAME AS THE CORPORATION**

I, John Miller, am a designated Authorized Representative of OHI West, Inc., the sole member of OHI West Medical Group, Inc. and a director of Orlando Health Medical Group, Inc.


I, John Miller desire to create a new limited liability company under the name OHI West Medical Group, LLC with the sole member of Orlando Health Medical Group, Inc.

I, John Miller, as Authorized Representative of the sole member of OHI West Medical Group, Inc. approve the use of the same name to create the new limited liability company.

  
John Miller

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me on September 10, 2020, by John Miller, as the Authorized Representative of OHI West, Inc., the sole member of OHI West Medical Group, Inc., who is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

  
Name: Meghan M. Rothert  
(Print Name)

(AFFIX NOTARY SEAL)

Notary Public - State of Florida  
My Commission Expires: 5/15/2022

