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Special Instructions to Filing Officer:						
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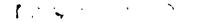
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COVER LETTER

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SOBILC.	F:Name of Limited Liability Company							
The enclo	osed Articles o	of Organization and	fee(s) are submit	ted for filing.				
Please ret	urn all corresp	pondence concerning	g this matter to th	e following:				
	Michel Bog	gumill						
			Name	of Person				
	Nova South	neastern University.	Inc.					
	Firm/Company							
	3301 Colleg	-						
	Address							
	Fort Lauder	rdale, Florida 33314	ŀ					
	— mb1905@no	ava adu	City/State	and Zip Code				
			be used for futur	e annual report notificat	tion)			
For further		oncerning this matte		•				
		954 _at (298-5158					
			Area Code	Daytime Telephone Number				
Enclosed i	s a check for t	the following amour	nt.					
		□\$130.00 Filing Certificate of Sta	Fee & Sintus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
		ng Address		Street Address				
	New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassee				
P.O. Box 6327			2415 N. Monroe Street, Suite 810					
Tallahassee, FL 32314			Tallahassee, FL 32303					

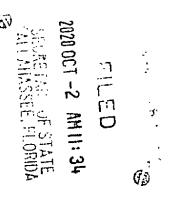


ARTICLES OF ORGANIZATION OF NSU HEALTH, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

NSU Health, LLC



ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: NSU Health, LLC c/o Nova Southeastern University, Inc., 3301 College Avenue, Fort Lauderdale, Florida 33314, Attn: Executive Vice President/Chief Operating Officer.

ARTICLE III - Initial Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the initial Registered Agent are: Harry K. Moon, M.D., Executive Vice President/Chief Operating Officer, Nova Southeastern University, Inc., 3301 College Avenue, Fort Lauderdale, Florida 33314.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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, Florida Statutes.

Dated: September 2020

Nova Southeastern University, Inc.

Sole Member,

President/Chief Executive Officer

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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 the Chapter 605, F.S..

Dated: September <u>14</u>. 2020

Harry K. Moon, M.D.,

Executive Vice President/Chief Operating Officer

Nova Southeastern University, Inc.