

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

L210004  
FILED 8:  
Septemb  
Sec. Of  
bjhayes

**Article I**

The name of the Limited Liability Company is:  
GENESIS WOUND CARE CENTER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4995 NW 72 AVE  
406  
MIAMI, FL. 33166

The mailing address of the Limited Liability Company is:  
4995 NW 72 AVE  
406  
MIAMI, FL. 33166

**Article III**

The name and Florida street address of the registered agent is:  
MAYELIN ALONSO  
10101 WEST OKEECHOBEE RD  
APT 24202  
HIALEAH GARDENS, FL. 33016

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: MAYELIN ALONSO

## Article IV

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

Title: MGR  
MAYELIN ALONSO  
4995 NW 72 AVE SUITE 406  
MIAMI, FL. 33166

Signature of member or an authorized representative

Electronic Signature: MAYELIN ALONSO

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.