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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: khoovermd@aol.com

FLORIDA LIMITED LIABILITY CO.
KB I MEDICAL, LLC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2021 DEC 28 PM 5:36

2021 DEC 28 16:21:02

**ARTICLES OF ORGANIZATION OF
KBI MEDICAL, L.L.C.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is:

KBI MEDICAL, L.L.C.

ARTICLE II - Address:

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

2400 SW 69 AVENUE
MIAMI, FL 33155

ARTICLE III - Registered Agent and Registered Office

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

ROCKCHAR MANAGEMENT SERVICES LLC
999 Ponce de Leon Blvd., Suite 650
Coral Gables, FL 33134

ARTICLE IV - Managers

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

<u>Title</u>	<u>Name and Address</u>
Manager	Keila Hoover 2400 SW 69 AVENUE MIAMI, FL 33155
Manager	Beatriz Rielo 2400 SW 69 AVENUE MIAMI, FL 33155

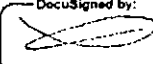
IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this ____ day of December, 2021.

DocuSigned by:


Name: Keila Hoover

2021 DEC 28 11:21:32

(In accordance with Section 605.0203 (1) (b), Florida Statutes, 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, F.S.)

DocuSigned by:

C1A2ANAC00204E

Name: Keila Hoover

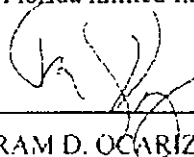
STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, 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, F.S.)

Signature of Registered Agent

ROCKCHAR MANAGEMENT SERVICES
LLC, a Florida limited liability company



By: HIRAM D. OCARIZ, its Manager

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