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**FLORIDA LIMITED LIABILITY CO.**  
**Comprehensive Health, PLLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
COMPREHENSIVE HEALTH, PLLC**

**ARTICLE I – Name:**

The name of the Professional Limited Liability Company is **Comprehensive Health, PLLC**.

**ARTICLE II – Purpose:**

The purpose of the Professional Limited Liability Company (“**Company**”) is to engage in the practice of medicine.

**ARTICLE III – Address:**

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

5234 Piper Lane  
Sanford, Florida 32771

**ARTICLE IV – Manager:**

The Company will be manager-managed. The name, title and address of the person authorized to manage and control the Company are:

Title	Name and Address
Manager	Vanessa Urbina 5234 Piper Lane Sanford, Florida 32771

**ARTICLE V – Indemnification:**

The Company shall, to the full extent permitted by Chapter 621 and by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article V shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the professional limited liability company, by agreement or otherwise.

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**ARTICLE VI – Admission of Members**

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except as provided in Sections 621.09(2) and 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

**ARTICLE VII – Transfer of Interest in Company**

No transfer of a membership interest in the Company is permitted or valid except in accordance with the restrictions on transfers contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

**ARTICLE VIII - Registered Agent and Registered Address**

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

Vanessa Urbina  
5234 Piper Lane  
Sanford, Florida 32771

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the Company and acknowledge them to be my act this 9 day of February, 2022.

*vanessa urbina*

\_\_\_\_\_  
Vanessa Urbina, Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **Comprehensive Health, PLLC.**

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

Vanessa Urbina  
5234 Piper Lane  
Sanford, Florida 32771

The undersigned, having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, hereby accept the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.

*vanessa urbina*

\_\_\_\_\_  
Vanessa Urbina

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