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1. **PURE WELLNESS MEDICAL FLORIDA PLLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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Articles of Organization
For
Pure Wellness Medical Florida PLLC
Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is Pure Wellness Medical Florida PLLC

ARTICLE II - Address:

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

649 US HWY 1, Suite 2
North Palm Beach, FL 33408

ARTICLE III - Business Purpose:

The purpose of this PLLC is to engage in the practice of medical services.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Legaline Corporate Services Inc.
5237 Summerlin Commons, Suite 400
Fort Myers, FL 33907

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.

Dana Case
Dana Case, Manager

ARTICLE V - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

David Suarez
649 US HWY 1, Suite 2
North Palm Beach, FL 33408

Dr. David Suarez