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From:

Account Name : FOGARTY, MUELLER, HARRIS, PLLC

Account Number : 120200000168 Phone : (813)549-4490 Fax Number : (813)441-8288

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FLORIDA LIMITED LIABILITY CO.

Specialized Physicians, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION OF SPECIALIZEDPHYSICIANS, LLC

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act, and pursuant to the following Articles of Organization:

<u>ARTICLE I</u> Name

The name of this limited liability company is: Specialized Physicians, LLC (hereafter, the "Company").

ARTICLE 2 Effective Date

The Company shall have perpetual existence, commencing on the date that these Articles ization are filed with the Florida Department of State.

ARTICLE 3

Mailing Address and Principal Office

The address of the principal office and the mailing address of the Company is Organization are filed with the Florida Department of State.

Way, STE 202, #265, Saint Augustine, FL 32092.

ARTICLE 4 Initial Registered Office and Agent

The street address of the initial registered office of the Company is 100 E. Madison Street, Suite 202, Tampa, FL 33602, and the name of the initial registered agent of the Company at that address is Micah G. Fogarty.

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ARTICLE 5 Management of the Company

The Company is to be managed by one or more managers and is, therefore, a managermanaged limited liability company within the meaning of Section 605.0102(39) of the Act. The name and address of the initial manager of the Company are:

Specialized Services Intl., LLC 52 Tuscan Way, STE 202, #265 Saint Augustine, FL 32092

ARTICLE 6 Indemnification

The Company shall indemnify its managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the r	<u>≥</u> nembe	r Parks	
executed these Articles of Organization on April 25 , 2022.	24.75 24.75	APR 2	
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		9.	<u> </u>
Myah J. Jogatty Micah G. Fogarty, Authorized Representativ	>	<u>ယ</u> —–	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE OF SPECIALIZEDPHYSICIANS, LLC

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is: Specialized Physicians, LLC.
- 2. The name and address of the registered agent and office are:

Micah G. Fogarty 100 E. Madison Street, Suite 202 Tampa, FL 33602

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 in Chapter 605, Florida Statutes.

Dated: April 25 , 2022.

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ALTARY OF STATE
AHASSEE, FLORIF