

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

**L22000256775
FILED 8:00 AM
May 16, 2022
Sec. Of State
sprather**

Article I

The name of the Limited Liability Company is:
PHYSICIAN INDEPENDENT NETWORK LLC

Article II

The street address of the principal office of the Limited Liability Company is:
9831 NW 58 STREET
SUITE 127
DORAL, FL. US 33178

The mailing address of the Limited Liability Company is:
9831 NW 58 STREET
SUITE 127
DORAL, FL. US 33178

Article III

The name and Florida street address of the registered agent is:
MANUEL J SONE
9831 NW 58 STREET
SUITE 127
DORAL, FL. 33178

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: MANUEL J SONE

Article IV

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

Title: MGR
MANUEL J SONE
9831 NW 58 STREET
DORAL, FL. 33178 US

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Article V

The effective date for this Limited Liability Company shall be:

05/10/2022

Signature of member or an authorized representative

Electronic Signature: E WILSON

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.

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AFFIDAVIT

I, Manuel J. Sone, first being duly sworn, depose and state the following on behalf of Physician Independent Network Inc. ("Corporation"):

1. I am over the age of twenty-one (21) and suffer from no legal or mental disabilities that would render me incompetent to make this affidavit.

2. I am the President and Director of the Corporation and I have authority to bind the Corporation.

3. The Corporation was administratively dissolved on September 24, 2021.

4. The Corporation has no intention of being reinstated, and is, therefore, releasing its name, Physician Independent Network Inc., for use to another entity.

FURTHER AFFIANT SAYETH NAUGHT.

PHYSICIAN INDEPENDENT NETWORK
INC.

By: [Signature]
Manuel J. Sone, President

SWORN TO AND SUBSCRIBED before me, by means of ☒ physical presence or ☐ online authorization, this 6 day of June 2022 by Manuel Sone, who is ☐ personally known to me or ☒ produced Driver's License as identification.

[Signature]
(Signature of notary public)

Sonia Garcia
(Typed name of notary public)

Commission _____

