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**Florida Department of State**  
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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : BACHELOR AND ASSOCIATES, INC.  
 Account Number : I20000000120  
 Phone : 954)752-2758  
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Email Address: ingrid@bachelorandassociates.com

**FLORIDA LIMITED LIABILITY CO.**

**Bryan Farr Health Lawyers, LLC**

Certificate of Status	<b>1</b>
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**ARTICLES OF ORGANIZATION**  
for  
**Bryan Farr Health Lawyers, L.L.C.**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a Limited Liability Company under the Florida Limited Liability Company Act.

**ARTICLE I**

**NAME**

The name of this limited liability company is:

**Bryan Farr Health Lawyers, L.L.C.**

**ARTICLE II**

**PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

1451 W Cypress Creek Road  
Suite 300  
Fort Lauderdale, Florida 33309

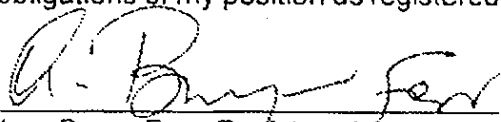
**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE**

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

Althea Bryan Farr  
1451 W Cypress Creek Road  
Suite 300  
Fort Lauderdale, Florida 33309

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, F.S.

  
Althea Bryan Farr, Registered Agent

Prepared By: Ingrid M Bachelor, CPA  
License No: AC-0032305  
Address: 19235 W Sample Road  
Suite 203  
Coral Springs, Florida 33065  
Phone Number: 954-752-2758

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**ARTICLE IV  
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as Follows:

Althea Bryan Farr  
1451 W Cypress Creek Road  
Suite 300  
Fort Lauderdale, Florida 33309

Manager



Althea Bryan Farr, Authorized  
Representative of the Member

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under 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 s.817.155, F.S.)

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