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Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019	
Phone : (305)552-5973 Fax Number : (305)675-5944	
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **  Email Address:	
FLORIDA LIMITED LIABILITY CO. AIM HEALTH INNOVATIONS LLC.	
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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
8200 NW 419T SUTTE 200 Doral Kl. 33166
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
JOHNNY E. RODRIGUEZ  8200 NW 41 ST Ste 200  DORAL FL 33166
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

## Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depastment of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOHNNY E. RODRIGUEZ

Typed or printed name of signee

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 agen; as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)