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FLORIDA LIMITED LIABILITY CO.

NFZN, LLC

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ARTICLES OF ORGANIZATION OF

NFZN, LLC

ARTICLE I Name

The name of the Limited Liability Company (the "Company") is:

NFZN, LLC

ARTICLE II Address

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

5955 Ponce De Leon Blvd, Coral Gables, FL 33146

ARTICLE III

Registered Agent, Registered Office, and Registered Agent's Signature

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

Mairelys Delgado General Counsel, Kidz Medical Services 5955 Ponce De Leon Blvd, Coral Gables, FL 33146

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles, I haveby 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.

<u>Mainslya Delgado</u> Mairelys Delgado

Date: February 21, 2023

D. Wave Brackin, Sole Member

This document is executed in accordance with section 605 0203 (1) (b). Florida Statutes 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree Jelony as provided for in s.817 155. F.S.