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 Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
 LATIN HEALTH SERVICES, LLC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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## **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Latin Health Services, LLC.

### **ARTICLE II - Address:**

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

3425 Franklin Avenue Suite 2  
Miami, FL 33133

### **ARTICLE III - Registered Agent, Registered Office:**

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

Miguel Sierra  
3425 Franklin Avenue Suite 2  
Miami, FL 33133

### **ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

N4K, Inc. (a Delaware, USA Company) – AMBR  
Salud Digital SB, S.A. (a Chilean Company) - AMBR


**Required Signatures:**  
\_\_\_\_\_  
**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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Miguel Sierra**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 agent as provided for

in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

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SECRETARY OF STATE  
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