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**FLORIDA LIMITED LIABILITY CO.**

**Clover Medical Enterprises, LLC**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I — Name:**

The name of the Limited Liability Company is:

**CLOVER MEDICAL ENTERPRISES, LLC****ARTICLE II — Address:**

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


**Mailing Address:** 6452 Riverside Drive Punta Gorda, FL 33982**Street Address:** 6452 Riverside Drive Punta Gorda, FL 33982**ARTICLE III — Registered Agent, Registered Office, and Registered Agent's Signature:**

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

**David A. Holmes, Esq.  
99 Nesbit St.  
Punta Gorda, FL 33950**

*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.*

DocuSigned by:



David A. Holmes, Registered Agent

**ARTICLE IV – Management**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company with the initial manager being:

**Derrick Adams  
6452 Riverside Drive  
Punta Gorda, FL 33982**

The initial manager shall serve until their resignation or removal in accordance with the terms of Operating Agreement of the Company.

DocuSigned by:



David A. Holmes, Authorized Representative of a Member

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)