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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
Solutions Medical Specialists, LLC

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Electronic Filing Menu

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Help

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H24000151908 3

**ARTICLES OF ORGANIZATION
FOR
SOLUTIONS MEDICAL SPECIALISTS, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is **Solutions Medical Specialists, LLC.**

ARTICLE II – Address:

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

525 Technology Park, Suite 109
Lake Mary, Florida 32746

ARTICLE III – Manager:

The Limited Liability Company will be manager-managed. The name, title and address of the initial manager of the Limited Liability Company are set forth in its initial Operating Agreement.

ARTICLE IV – Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

ARTICLE V - Registered Agent and Registered Address

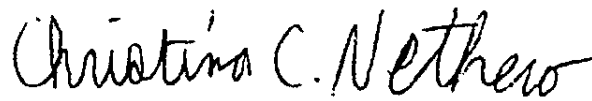
The name and the street address of the registered agent are:

Christina C. Nethero, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

H24000151908 3

H24000151908 3

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 25th day of April, 2024.



Signature of 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 in section 817.155, Florida Statutes.)

Christina Nethero

Typed or printed name of signee

H24000151908 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **SOLUTIONS MEDICAL SPECIALISTS, LLC.**
2. The name and the Florida street address of the registered agent are:

Christina C. Nethero, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Christina C. Nethero, Esq.
Registered Agent