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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**

**Forghani HealthTech LLC**

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FORGHANI HEALTHTECH LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Forghani HealthTech LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

9200 NW 39th Ave  
Ste 130, Unit 3051  
Gainesville, FL 32606

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Reza Forghani  
9200 NW 39th Ave  
Ste 130, Unit 3051  
Gainesville, FL 32606

*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.*



(sign)

Reza Forghani

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**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Reza Forghani 9200 NW 39th Ave Ste 130, Unit 3051 Gainesville, FL 32606

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Reza Forghani

Authorized Representative/Member

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