

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L25000002722
FILED 8:00 AM
December 30, 2024
Sec. Of State
vherring**

Article I

The name of the Limited Liability Company is:
ABSOLUTE MEDICAL CENTER , LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5040 NW 7TH STREET 500
MIAMI, FL. US 33126

The mailing address of the Limited Liability Company is:
5040 NW 7TH STREET 500
MIAMI, FL. US 33126

Article III

Other provisions, if any:
MEDICAL PRACTICE

Article IV

The name and Florida street address of the registered agent is:
DERRICK HUCKLEBERRY
225 E ROBINSON ST SUITE 570
ORLANDO, FL. 32801

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.

Registered Agent Signature: DERRICK HUCKLEBERRY

Article V

The name and address of person(s) authorized to manage LLC:

Title: MEM
DANIEL CAREAGA
7945 SW 52 AVE
MIAMI, FL. 33143 US

Title: MEM
JUAN CARLOS DIAZ
7945 SW 52 AVE
MIAMI, FL. 33143 US

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Article VI

The effective date for this Limited Liability Company shall be:

12/30/2024

Signature of member or an authorized representative

Electronic Signature: DERRICK HUCKLEBERRY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.