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(((H22000260025 3)))



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Division of Corporations

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From:

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FLORIDA LIMITED LIABILITY CO. SALUD LOGRONO LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITEDIJABILITY COMPANY

ARTICLE L. Name: 1 14

The name of the Limited Liability Company is:

SALUD LOGRONO LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1 SW 129TH AVE SUITE 201 PEMBROKE PINES, FL 33027 48 NW 25TH ST SUITE 102 MIAMI, FL 33127

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or unother business entity with an active Florida registration.)

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

JONATHAN GRUNER

Name

48 NW 25TH ST SUITE 102

Florida street address (P.O. Box NOT acceptable)

MIAMI

FI,

33127

City

State Zi₁

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby 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.

(CONTINUED)

Page 1 of 2

To:

(((H22000260025 3)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	tonia Tilani Chinien
MGR	JONATHAN GRUNER 3711 PINE TREE DR
	MIAMI BEACH, FL 33140
	MIAMI BEACIL I C 33140
(Use attachment if necessary)	
c of filing.)	ag
of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State	applicable statutory filing requirements, this date will no
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e of filing.) If the date inserted in this block does not meet the arment's effective date on the Department of State (LF, VI; Other provisions, if any.	applicable statutory filing requirements, this date will no
c of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State CLE VI: Other provisions, if any. REOURED SIGNATURE:	applicable statutory filing requirements, this date will no
real filing.) If the date inserted in this block does not meet the nament's effective date on the Department of State (LF. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of	applicable statutory filing requirements, this date will no
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ref filing.) If the date inserted in this block does not meet the imment's effective date on the Department of State LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of the document is executed in a Lam aware that any false inform	pranauthorized representative of a member accordance with section 605,0203 (1) (b). Florida Statutes nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.

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