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Division of Corporations

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Florida Department of State  
 Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
 Millennium MSO Holdings 1, LLC**

Certificate of Status	<b>0</b>
Certified Copy	<b>1</b>
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**ARTICLES OF ORGANIZATION  
OF  
MILLENNIUM MSO HOLDINGS 1, LLC**

1. **Name.** The name of this limited liability company is **Millennium MSO Holdings 1, LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the Florida Statutes.

2. **Duration.** The Company's existence shall be perpetual.

3. **Purpose.** The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. **Address.** The mailing address and the street address of the Company's principal office is 6321 Daniels Parkway, Suite 200, Fort Myers, Florida 33912.

5. **Registered Agent and Registered Office.** The name and the Florida street address of the company's registered agent are David A. Holmes, Farr Law Firm, 99 Nesbit Street, Punta Gorda, FL 33950.

6. **Management.** The Company shall be member managed. The name and address of the sole member of the Company are Millennium Healthcare Management Services, LLC, 6321 Daniels Parkway, Suite 200, Fort Myers, Florida 33912.

**REQUIRED SIGNATURE:**

DocuSigned by:  
*Jeffrey A. Pakrosnis*

\_\_\_\_\_  
**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.

\_\_\_\_\_  
Jeffrey A. Pakrosnis  
Typed or printed name of signee

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DEPARTMENT OF STATE  
CORPORATION

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**ACCEPTANCE BY REGISTERED AGENT**

*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 Holmes  
David A. Holmes

ED

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STATE OF FLORIDA