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FLORIDA LIMITED LIABILITY CO.  
ORLANDO MEDICAL INSTITUTE, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

**ARTICLES OF ORGANIZATION  
OF  
ORLANDO MEDICAL INSTITUTE, LLC**

February 20, 2025

**ARTICLE I – Name:**

The name of the Limited Liability Company is: ORLANDO MEDICAL INSTITUTE, LLC.

**ARTICLE II – Address:**

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

**Principal Office Address:**

C/O Pedro Pizarro  
5844 Paradise Point Drive  
Palmetto Bay, FL 33157

**Mailing Address:**

C/O Pedro Pizarro  
5844 Paradise Point Drive  
Palmetto Bay, FL 33157

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

Pedro Pizarro  
5844 Paradise Point Drive  
Palmetto Bay, FL 33157

**ARTICLE IV – Management:**

The Limited Liability Company shall be manager-managed.

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

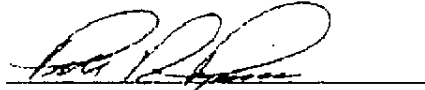
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**IN WITNESS WHEREOF**, the undersigned Authorized Representative has signed these Articles of Organization as of the date first written above.

**ORLANDO MEDICAL INSTITUTE, LLC**



Name: Pedro Pizarro

Title: Authorized Representative

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