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Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

STUART K. JOSEPH M.D., LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is: STUART K. JOSEPH M.D., LLC

ARTICLE II
ADDRESS

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

9299 Coral Reef Drive
Suite 104
Miami, FL 33157

ARTICLE III
REGISTERED AGENTS, REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

STUART K. JOSEPH
9299 Coral Reef Drive
Suite 104
MIAMI, FL 33157

Having been named as registered agent and 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 positions as registered agent as provided for in Chapter 608 F.S.

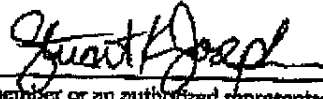


Registered Agent's Signature

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**ARTICLE IV
MANAGEMENT**

- The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.



Signature of a member or an authorized representative of a member

(In accordance with section 508.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stuart K. Joseph

Typed or printed name of signer

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