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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

mim grove, llc

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**MIM GROVE, LLC**

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**ARTICLE I**

The name of the Limited Liability Company shall: MIM GROVE, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is: 10556 NW 26<sup>TH</sup> ST. D-101, DORAL, FL 33172.

**ARTICLE IV**

The name of the Manager(s) of this company shall be:

MARIA V. BURGOS	10556 NW 26 <sup>TH</sup> STREET, SUITE D-101 DORAL, FL 33172
ROCCO PROFETA	10556 NW 26 <sup>TH</sup> STREET, SUITE D-101 DORAL, FL 33172

**ARTICLE V**

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A. , 10520 NW 26<sup>TH</sup> ST. C-201, DORAL, FL 33172.

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

MIM GROVE, LLC

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

*Joseph F. Cabanas*  
(Registered Agent)

*Joseph F. Cabanas*  
Signature of a Member or an Authorized Representative of a Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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