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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)343-6962

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gpena@ascendo.com

**FLORIDA LIMITED LIABILITY CO.  
ASCENDO HEALTHCARE SEARCH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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**ARTICLES OF ORGANIZATION  
OF  
ASCENDO HEALTHCARE HOLDING, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Ascendo Healthcare Holding, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is Two Alhambra Plaza, Suite 1220, Coral Gables, Florida 33134.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 East Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33301.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by the managers and the name and address of the initial managers who are to serve as managers are:

Gustavo Pena  
Two Alhambra Plaza  
Suite 1220  
Coral Gables, Florida 33134

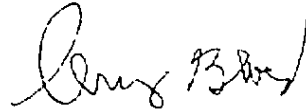
Eugene Holzer  
Two Alhambra Plaza  
Suite 1220  
Coral Gables, Florida 33134

Charles S. Berger  
Two Alhambra Plaza  
Suite 1220  
Coral Gables, Florida 33134

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The managers of this Limited Liability Company: (i) may be rePlazad by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned has executed these Articles the 5<sup>th</sup> day of October, 2017.



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Gregory J. Blodig, Esq.  
Authorized Representative of Member

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

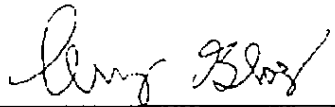
1. The name of the Limited Liability Company is:

Ascendo Healthcare Holding, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")  
200 East Broward Blvd., Suite 1800  
Fort Lauderdale, Florida 33301

By:



Gregory J. Blodig, For the Firm

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*Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the Plaza designated in this certificate, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.*



Gregory J. Blodig, For the Firm

(Signature)

**October 5, 2017**

(Date)