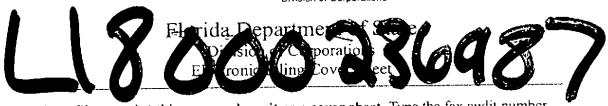
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 : (718)362-4789 : (718)408-2550 Fax Number

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

Yossi@medelitegrp.com Email Address:__

FLORIDA LIMITED LIABILITY CO.

LEAA Florida LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company	is:
LEAA Florida LLC	
(Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LEC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4401 Casper Ct	393 Broadway Fl 3
Hollywood, FL 33021	Brooklyn, NY 11211
The name and the Florida street address of the Yosef D. Rosengarten Na	ne registered agent are:
4401 Casper Ct	
	P.O. Box NOT acceptable)
Hullywood	<u>FL 33021</u> Zip
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all at performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
/s/ Yosef D. Rosenga	rten
Registered Agent's S	Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u>	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager	
	AMBR	AY Healthcare Holdings LLC
		4401 Casper Ct
		Hollywood, FL 33021
	. A 453.75	1000116
	AMBR	LEAA LLC
		118-11 80th Rd
		Kew Gardens, NY 11415
	(Use attachment if necessary)	
	(0),	
ARTI	ICLE V: Effective date if other than the	date of filing: (OPTIONAL)
(If an	offective date is listed, the date must be	be specific and cannot be more than five business days price
•	90 days after the date of filing.)	be specific and cannot be more than five business days price
Note:	If the date inserted in this block does not meet the	he applicable statutory filing requirements, this date will not be listed as the
locum	ent's effective date on the Department of State's	records.
	, , , , , , , , , , , , , , , , , , ,	
ARTI	ICLE VI: Other provisions, if any.	
	,	
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	REQUIRED SIGNATURE:	
	MOYOTHEN SIGNATORES.	

/s/ Yosef D. Rosengarten

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.

Yosef D. Rosengarten

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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