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FLORIDA LIMITED LIABILITY CO.

CV Pines Medical, LLC

Certificate of Status	1
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Page Count	02
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ARTICLES OF ORGANIZATION

OF

CV PINES MEDICAL, LLC

The undersigned hereby makes, subscribes, acknowledges and files these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida:

ARTICLE I - NAME

The name of the limited liability company shall be CV Pines Medical, LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of CV Pines Medical, LLC shall be 1601 Forum Place, Suite 500; West Palm Beach, FL 33401.

ARTICLE III - REGISTERED AGENT

The name and street address for the registered agent for service of process in the State of Florida for CV Pines Medical, LLC shall be Mark F. Levy; 1601 Forum Place, Suite 500; West Palm Beach, FL 33401.

ARTICLE IV - INDEMNIFICATION

Subject to the provisions of Chapter 605, Florida Statutes, CV Pines Medical, LLC shall indemnify and hold harmless any member and/or member-manager and/or manager and/or employee from and against any and all claims and demands whatsoever.

ARTICLE V - MEMBER

The members of CV Pines Medical, LLC shall be:

Mark F. Levy - 100%
1601 Forum Place, Suite 500
West Palm Beach, FL 33401

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ARTICLE VI - MANAGERS

CV Pines Medical, LLC is a member managed company. The manager of CV Pines Medical, LLC shall be:

Mark F. Levy
1601 Forum Place, Suite 500
West Palm Beach, FL 33401

ARTICLE VI - ORGANIZER

The name and address of the person signing these Articles of Organization is Mark F. Levy; 1601 Forum Place, Suite 500; West Palm Beach, FL 33401.

IN WITNESS WHEREOF, I have made and subscribed these Articles of Organization this 31st day of August, 2020.

Mark F. Levy
Mark F. Levy, as Organizer

STATE OF FLORIDA)
) SS:
COUNTY OF PALM BEACH)

BEFORE ME, personally appeared Mark F. Levy, to me known and well known to me to be the person described in and who executed the foregoing instrument or who produced as identification and he acknowledged to and before me that he executed said instrument for the purposes herein expressed.

WITNESS my hand and seal this 31st day of August, 2020.



Susan Stepter
Notary Public,
State of Florida

I HEREBY ACCEPT THE POSITION AS REGISTERED AGENT AS SET FORTH IN THESE ARTICLES OF ORGANIZATION AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF THAT POSITION AS PROVIDED FOR IN CHAPTER 605, FLORIDA STATUTES.

Mark F. Levy
Print Name: Mark F. Levy

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