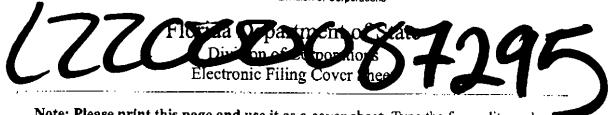
Division of Corporations



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(((H22000080508 3)))



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FLORIDA LIMITED LIABILITY CO. HFP CSH, LLC

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COVER LETTER

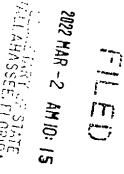
10:	New Filing Sec Division of Co				
SUBJEC	HFP CSH,	, LLC			
		Name of	Limited Liabil	lity Company	
The encl	osed Articles of	Organization and fee(s)) are submitted	for filing.	
Please re	turn all corresp	andence concerning this	matter to the	following:	
	Andrew R.	Comiter, Esq.			
	•		Name of	Person	
	Comiter, Sir	nger, Baseman & Braun	, LLP		
			Firm/Co	mpany	 -
	3825 PGA I	Blvd., Suite 701			
		·	Addr	ess	
	Palm Beach	Gardens, FL 33410			
	comorate@co	omitersinger.com	City/State an	d Zip Code	
		F-mail address: (to be us	sed for future a	unnual report notificat	ioп)
For further	information co	ncerning this matter, ple	ase call:		
	Andrew Con		561	626-2101	
	Nam	ne of Person	Area Code	Daytime Telephon	le Number
Enclosed	is a check for t	he following amount:			
□\$125.0	00 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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P.O. Box 6327
Tallahassee, FL 32314

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New Filing Section Division
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HFP CSH, LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "L.LC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Malling Address:
11856 Foxbriar Lake Trail	11856 Foxbriar Lake Trail
Boynton Beach, FL 33473	Boynton Beach, FL 33473
	egistered Agent's Signature:

Comiter, Singer, Base	man & Braun, LL	<u>P</u> _
	Name	
3825 PGA Blvd., Suit	e 701	
Florida street address	(P.O. Box NOT a	cceptable)
Palm Beach Gardens	FL	33410
City	State	Zip

Having been named as registered agent and to 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 position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Healthcare Funding Partners, LLC 11856 Foxbriar Lake Trail Boynton Beach, FL 33473
	
	
(Use attachment if necessary)	
an effective date is listed, the date must be sp date of filling.) te: If the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
e document's effective date on the Department RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	The same of the sa
Signature of a m This document is execu	member or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

Andrew R. Comiter, Authorized Representative

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2022 MAR -2 AMIO