Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. TRIUNITY HEALTH GROUP LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- LITT COMPANY	•
The name of the Limited Liability Con	nn	
Table ()	ipany is:	
- Iri Unity Hea	alth Group LLC	
ARTICLE II - Address:	Croop LLC	
Company is:	of the principal office of the Limited Lin	
7001	Limited Lig	ability
-7001 SW 97	Ave	
Ste 206A		
Miami FL 331	7.2	
ARTICI FIII D		
ARTICLE III - Registered Agent, Register The name and the Florida street address Company cannot serve as its own Registered Agent. You mit an active Florida registration.)	red Office:	
Company cannot serve as its own Registered Agent. You mit with an active Florida registration.)	of the registered agent are: (The Limited Lial ist designate an individual or another business areis.)	rility
- Maydibis Blar	200 Alonso	
14460 SW 50+	ter.	
Homi, Florida	33175	·
ARTICLE IV		
The name and title of each person authori Liability Company: (MGR or AMBR)	ized to manage and control the Limit of	22 FAL
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Taymı Rodriquez	ANKA	SAL TO
Sandra R. Pelnez - N	AMPA	D
- Dunciak, Pelaez- IY	Junsey AUBR	35 10A
	1	

Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.3.

Maydibis Blanco Alonso
Typed or printed name of signee

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 herely 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)