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CCRS 9224003

Division of Corporations

No. 079
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Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

LIMITED LIABILITY COMPANY

CARE NETPASS, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

for

CARE NETPASS, L.L.C.

A Florida Limited Liability Company**ARTICLE I - Name**

The name of the Limited Liability Company is:

Care Netpass, L.L.C.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

821 S.W. 176th Avenue
Pembroke Pines, Florida 33029**ARTICLE III - Duration**

The period of duration for the Limited Liability Company is:

Perpetual

ARTICLE IV - Management

The Limited Liability Company is a manager-managed company.

ARTICLE V - Initial Registered Agent and Office

The name of the initial registered agent and the Florida street address of the initial registered office is:

Isabelle Diaz
821 S.W. 176th Avenue
Pembroke Pines, Florida 33029
Signature of Isabelle Diaz, MemberFILED
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Care Netpass, L.L.C.

2. The name and the Florida street address of the registered agent are:

Isabelle Diaz
821 S.W. 176th Avenue
Pembroke Pines, Florida 33029

*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.*

By: _____

Isabelle Diaz

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