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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

CONCORD TURNKEY HEALTH CARE FACILITIES, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

CONCORD TURNKEY HEALTH CARE FACILITIES, L.L.C.**ARTICLE II - ADDRESS:**

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

3180 N.E. 48TH Court, Suite # 215, Lighthouse Point, Florida 33064**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

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

LARRY J. BEHAR, P.A.
888 Southeast Third Avenue
Suite # 400
Fort Lauderdale, Florida 33316

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 608, F.S..


Larry J. Behar, Registered Agent

ARTICLE IV: MANAGEMENT (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested).


CRIS PUCCI, member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CRIS PUCCI
(Typed or printed name of signee)

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STATE OF FLORIDA
TALLAHASSEE