

LO1006014710

TRANSMITTAL LETTER

August 23, 2001

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 487-6052

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-08/27/01--01110--008
****125.00 ****125.00

SUBJECT: COASTAL HEALTH CENTERS, L.L.C.

Enclosed are an original and one (1) copy of ARTICLES OF ORGANIZATION for the above stated Florida Limited Liability Company and a check for:

✓ \$125.00 Filing Fee & Registered Agent Fee made payable to the Florida Department of State.

FROM:

Jeffrey Rifkin

3235 N. State Rd 7

Margate, FL 33063

954-977-4889

Daytime Telephone number

FILED
AUG 27 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO1-14710
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coastal Health Centers, L.L.C.

ARTICLE II - Address:

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

3235 N State Rd 7
Margate FL 33063

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jeffrey Rifkin

Name

3235 N State Rd 7

Florida street address (P.O. Box NOT acceptable)

Margate FL 33063

City, State, and 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 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

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

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

Jeffrey Rifkin

Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
01 JUN 27 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA