

Division of Corporations

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L02000006044*Revised with
Changes*

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

FAXED
3-13-02

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(((H02000056090 2)))

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To:

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

From:

Account Name : LEVIN AND TANNENBAUM, P.A.
Account Number : I19980000105
Phone : (941) 316-0111
Fax Number : (941) 366-8491

LIMITED LIABILITY COMPANY**BLUEBIRD HEALTH CARE, LLC**

RECEIVED
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DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

BLUEBIRD HEALTH CARE, LLC
a Florida limited liability company

ARTICLE I
NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

BLUEBIRD HEALTH CARE, LLC

ARTICLE II
PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

9595 N. Kendall Drive
Suite 200
Miami, Florida 33176

ARTICLE III
INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Celia Guillen

9595 N. Kendall Drive
Suite 200
Miami, Florida 33176

ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 14

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IN WITNESS WHEREOF, these Articles of Organization have been executed as
of the 11th day of March, 2002.

Gregory S. Band
Gregory S. Band, Esq.

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TALLAHASSEE, FLORIDA
02 MAR 14

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

BLUEBIRD HEALTH CARE, LLC
2. The name and the Florida street address of the registered agent is:

Celia Guillen
9595 N. Kendall Drive
Suite 200
Miami, Florida 33176

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02 MAR 14

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 3/4/02


Celia Guillen

"REGISTERED AGENT"