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Florida Department of State
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To: Division of Corporations
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SECRETARY OF STATE
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LIMITED LIABILITY COMPANY

GS MED PLEX INVESTMENT LLC

Certificate of Status	0
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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GS MED FLEX INVESTMENT LLC

ARTICLE II - Address:

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

4110 N.W. 24th Avenue, Boca Raton, FL 33431

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

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

George Sacks
Name
4110 N.W. 24th Avenue
Florida street address (P.O. Box NOT acceptable)
Boca Raton FL 33431
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 is, 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.)

George Sacks, Manager

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)

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