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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CARESERVICES OF CENTRAL FLORIDA, LLC

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

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF
CARESERVICES OF CENTRAL FLORIDA, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: CareServices of Central Florida, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2500 Quantum Lakes Drive, Suite 108, Boynton Beach, Florida 33426.

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

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

Kim Myrick
Mobile Medical Industries, Inc.
2500 Quantum Lakes Drive, Suite 108
Boynton Beach, Florida 33426.

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


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.)

Mobile Medical Industries, Inc., Member

By: Kim Myrick, Secretary/Treasurer

Typed or printed name of signee

FILING FEES:

\$104.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 38.00 Certified Copy (Optional)
\$ 3.00 Certificate of Status (Optional)

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