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LIMITED LIABILITY COMPANY

optimal health partners, llc

Certificate of Status	0
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**ARTICLES OF ORGANIZATION OF
OPTIMAL HEALTH PARTNERS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Optimal Health Partners, LLC."

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is:
2480 East Commercial Blvd, Suite 2
Fort Lauderdale, Florida 33308

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

The name and Florida street address of the registered agent are: Harold E. Kaplan, 1515 University Drive, Suite 214, Coral Springs, Florida 33071.

Having been named as registered agent and to accept service of process for the above state limited liability company 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 provision of all status 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.

Harold E. Kaplan
Harold E. Kaplan

ARTICLE IV — Management:

The Company is a manager managed LLC.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 8th day of August, 2003.

James Cennamo
Signature of authorized representative

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

James Cennamo, D.O.

Typed or printed name of signee

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