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Florida Department of State
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

PALM HEALTHGROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:
PALM HEALTHGROUP LLC

ARTICLE II: Address

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

1055 POMPEI LANE
NAPLES, FL 34103

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JENNIFER FRANKLIN-PRESCOTT
1055 POMPEI LANE
NAPLES, FL 34103

Having been named as registered agent 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



JENNIFER FRANKLIN-PRESCOTT/Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Member Managed Company.

ARTICLE VI: MEMBERS(optional)

MEMBER:

JENNIFER FRANKLIN-PRESCOTT

1055 POMPEI LANE

NAPLES, FL 34103



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.)

JENNIFER FRANKLIN-PRESCOTT

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