

U03000040504Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696**LIMITED LIABILITY COMPANY
DIVERSIFIED HEALTHCARE SYSTEMS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRET
TALLAHASSEE, FLORIDA

03 OCT 22 PM 1:43

FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVERSIFIED HEALTHCARE SYSTEMS, LLC.

ARTICLE II - Address:

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

12725 SW 62ND TERRACE
MIAMI, FL 33183

Principal Office Address:

12725 SW 62ND Terrace
Miami, FL 33183

Mailing Address:

12725 SW 62ND Terrace
MIAMI, FL 33183

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

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

Doris Bigus
Name
12725 SW 62ND Te
Florida street address (P.O. Box not acceptable)
Miami, FL 33183
City, State, and Zip

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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..

x Doris Bigus
Registered Agent's Signature

(CONTINUED)

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ARTICLE IV -- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Doris Bigus
12725 SW 62ND TERRACE
MIAMI FL 33183

MGR _____

Diego F. Arce
12725 SW 62nd Terrace
Miami, FL 33183

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Doris Bigus

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.)

Doris Bigus

Typed or printed name of signer

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