

Division of Corporations

L04 000000635

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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

JABL Health Care LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **JABL Health Care LLC**

ARTICLE II - Address

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

Principal Office Address:

6421 Congress Avenue, #201

Boca Raton, FL 33487

Mailing Address:

6421 Congress Avenue, #201

Boca Raton, FL 33487

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

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

Jodi Bettinger

Name

6421 Congress Avenue, #201

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33487

(City / State / 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.

X

Jodi Bettinger

Registered Agent's Signature - Jodi Bettinger

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

H04000001572

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jeff Levine - 2500 N.W. 49th Street, Boca Raton, FL 33434

MGRM

Jodi Bettinger - 6421 Congress Avenue, #201, Boca Raton, FL 33487

(Use attachment if necessary)

REQUIRED SIGNATURE:

X

Jodi Bettinger

Signature of a member or 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.)

Jodi Bettinger

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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