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Florida 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**the diakonos group, llc**

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

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DIVISION OF CORPORATION

Handwritten signature/initials

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③

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE DIAKONOS GROUP, LLC

Article II - Address:

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

Principal Office Address:

Mailing Address:

ONE EAST BROWARD BLVD ONE EAST BROWARD BLVD
SOUTHTRUST BANK TOWER STE 700 SOUTHTRUST BANK TOWER STE 700
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301

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

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

EJ GENEROTTI, ESQ.

Name

7805 SW 16 CT

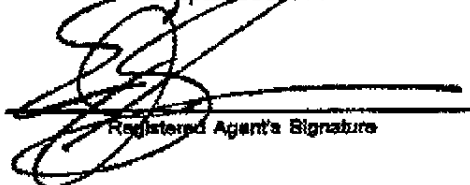
Florida street address (P.O. Box NOT acceptable)

PLANTATION FL 33324

City, State, and 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 606, F.S.


Registered Agent's Signature

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ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

DUANE SWILLEY
1001 IVES DAIRY RD
NORTH MIAMI, FL 33179

MANAGING
MEMBER

AMANDA MATHE
3020 NE 32 AVE #1518
FT LAUDERDALE, FL 33308

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Amanda Mathe
Signature of a member or an authorized representative of a member.

(In accordance with section 808.406(3), Florida Statutes,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

Amanda Mathe
Typed or printed name of signee

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