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Τoι

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Account Name ; HUBCO

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: (516)935-3940

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LIMITED LIABILITY COMPANY

Florida Health Care Clinic, LLC

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

Electronic Filing Menu.

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Florida Health Care Clinic, LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:
10935 S.W. 174 Terrace	10935 S.W. 174 Terrace
Miami, FL 33157	Miami, FL 33157 EG 7
	HASS
	STATE ORIDA
ARTICLE III - Registered Agent, Registered Offi The name and Florida street address of the registered agent are	
Arbilio Yanes	
	Name
10935 S.W. 174	Terrace
(P.O. Box or	Mail Drop Box NOT Acceptable)
Miami, FL 3315	57
	City (State (Zip)
at the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligate Chapter 608, F.S.	rice of process for the above stated limited liability company the oppointment as registered agent and agree to act in this tilistatutes relating to the proper and complete performance tions of my position as registered agent as provided for in ignature-Arbilio Yanes

The name and addr	ess of each Manager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Manag		
MGRM	Arbilio Yanes - 10935 S.W. 174 Terrace Miami, FL 33157	
MGRM	Efren Mendez - 1600 S.W. 71 Court Miami, FL 33155	
		 -
(Use attachment if r		
	Signature of a member on 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.)	<u> </u>
	Arbilio Yanes	·
	Typed or printed name of signee	

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