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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

Advanced Medical Office Buildings, 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

ARTICLE I - Name

The name of the Limited Liability Company is: **Advanced Medical Office Buildings, 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:**6400 Congress Avenue, Suite 14006400 Congress Avenue, Suite 1400Boca Raton, FL 33487Boca Raton, FL 33487**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Paul Mahowald

Name

6400 Congress Avenue, Suite 1400

(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.



Registered Agent's Signature - Paul Mahowald

