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Florida Department of State
Division of Corporations
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LIMITED LIABILITY COMPANY

hospital consulting of america, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 17, 2005

EMPIRE

SUBJECT: HOSPITAL CONSULTING OF AMERICA, LLC
REF: W05000013836

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOSPITAL CONSULTING OF AMERICA, LLC.

ARTICLE II - Address:

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

9737 NW 41 STREET STE. 101
MIAMI, FL 33178

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

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

CARLOS M. DE GESPEDES

Name

3975 N.W. 107 AVE.

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

MIAMI, FL 33172

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 689, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member

(In accordance with section 608.401(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARLOS M. DE GESPEDES

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" - Manager	
"MGRM" - Managing Member	
<u>"MGRM"</u>	<u>CARLOS M. DE CESPEDES</u>
	<u>3075 N.W. 107 AVE.</u>
	<u>MIAMI, FL 33172</u>
<u>MEMBER</u>	<u>JORGE L. DE CESPEDES</u>
	<u>3075 N.W. 107 AVE.</u>
	<u>MIAMI, FL 33172</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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

(In accordance with section 605.40(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARLOS M. DE CESPEDES
Typed or printed name of signor

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