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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CMS Arkansas LLC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

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(Corporation Name)

(Document #)

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NEW FILINGS

- ☐ Profit
- ☒ Not for Profit
- ☒ Limited Liability
- ☒ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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

ARTICLE I - Name

The name of the Limited Liability Company is:

CMS ARKANSAS, LLC

ARTICLE II - Address

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

445 West Drive, Suite 101
Melbourne, Florida 32904

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

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

Corporation Company of Orlando
300 South Orange Avenue
Suite 1000 (JGH)
Orlando, Florida 32801-5403

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, Florida Statutes.

Corporation Company of Orlando

By: 
Michael J. Grindstaff, Vice President


Leann M. Warfield, Authorized Representative

(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.)

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