

Division of Corporations

LOS000053488

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

FLAMINGO HEALTHPARK & ASSOC LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flamingo Healthpark & Assoc. 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:

12201 Pembroke Rd

Same

Suite B

Pembroke Pines, FL 33025

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

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

Stephen T. Kinlaw
Name

12201 Pembroke Rd. Ste. B
Florida street address (P.O. Box NOT acceptable)

Pembroke Pines FLORIDA 33025
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 608, Florida Statutes.

Stephen T. Kinlaw
Registered Agent's Signature

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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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" - Manager

"MGRM" - Managing Member

MGRM

Diana L. Franchini

12201 Pembroke Rd.

Suite B Pembroke Pines, FL 33025

MGRM

Federico Martinez

12201 Pembroke Rd. Ste. B

Pembroke Pines, FL 33025

MGRM

Stephen T. Kinlaw

12201 Pembroke Rd.

Suite B Pembroke Pines, FL 33025

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Stephen T. Kinlaw

Signature of a member or an 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.)

Stephen T. Kinlaw

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)