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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
VEIN CLINIC OF THE PALM BEACHES, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
VEIN CLINIC OF THE PALM BEACHES, LLC

ARTICLE II ADDRESS

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

255 EVERNIA ST APT 1008

WEST PALM BEACH FL 33401-5686

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

LUIS R. ROSAS

255 EVERNIA ST APT 1008

WEST PALM BEACH FL 33401-5686

Having been named as registered agent 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..



x _____
LUIS R. ROSAS / Registered Agent's

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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VEIN CLINIC OF THE PALM BEACHES, LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

LUIS R. ROSAS

255 EVERNIA ST APT 1008

WEST PALM BEACH FL 33401-5686

X 

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

LUIS R. ROSAS

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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