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## LIMITED LIABILITY COMPANY

BENTLEY DRIVE MEDICAL CENTER, LLC.

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

**ARTICLE I NAME**

The name of the Limited Liability Company is: **BENTLEY DRIVE MEDICAL CENTER, LLC.**

**ARTICLE II ADDRESS**

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

**745 SW 118 CT  
MIAMI, FL 33183**

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

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

**RAYNELL QUIRIELLO**

\_\_\_\_\_  
(NAME)

**7445 SW 118 CT**

\_\_\_\_\_  
FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

**MIAMI, FL 33183**

\_\_\_\_\_  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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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 THE CHAPTER 608, F.S.



Registered Agent's Signature

ARTICLE IV MANAGEMENT

Management of this limited liability company is reversed to its members, whose names and addresses are as follows:

**RAYNELL QUIRIELLO**  
7445 SW 118 CT  
MIAMI, FL 33183  
MANAGER

Executed by the undersigned members of the limited liability company this: 22<sup>ND</sup> day of December of 2005.



Raynell Quirello  
Authorized Representative.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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