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((H06000030930 3)))

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From: Vera Torres
Account Name : LOWMEDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4500
Fax Number : (407) 843-4444

Please arrange filing of the attached articles of organization and return a certification to me as soon as possible. Thank you for your assistance.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PRESCO PROFESSIONAL CENTER, LLC

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

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Help

06 FEB -3 PM 12:42
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H06000030930 3

**ARTICLES OF ORGANIZATION
OF
PRESCO PROFESSIONAL CENTER, LLC**

ARTICLE I - NAME

The name of this limited liability company is PRESCO PROFESSIONAL CENTER, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE


The mailing address and street address of the principal office of the Company is 232 Mohawk Road, Clermont, Florida 34711.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 232 Mohawk Road, Clermont, Florida 34711 and the name of the initial registered agent of the Company at that address is Robert M. Shakar.


ARTICLE IV - MANAGEMENT

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


Robert M. Shakar, Member or Authorized
Representative of a Member

ACCEPTANCE OF REGISTERED AGENT

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.


Robert M. Shakar