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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENORA HEALTHCARE LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARREN F. KAHN
(Name of Person)
HENORA HEALTHCARE LLC
(Firm/Company)
P.O. Box 358411
(Address)
GAINESVILLE, FL 32635
(City/State and Zip Code)

For further information concerning this matter, please call:

Darren F. Kahn at 352 378-2633
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF COURT
DIVISION OF CORPORATIONS

Articles of Organization
For
Henora Healthcare LLC

Article I

NAME. The name of this Limited Liability Company is Henora Healthcare LLC.

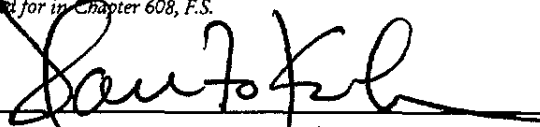
Article II

PRINCIPAL OFFICE. The address of the principal office of this Limited Liability Company is 2321 North West 66th Court, Gainesville, Florida 32653.

Article III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE. The street address of the initial registered agent of this Limited Liability Company is 2321 North West 66th Court, Gainesville, Florida 32653., and the name of the initial registered agent of this Limited Liability Company is Darren F. Kahn.

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 appointment and agree to act in this capacity. I further agree to comply with my 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.



Darren F. Kahn
Registered Agent

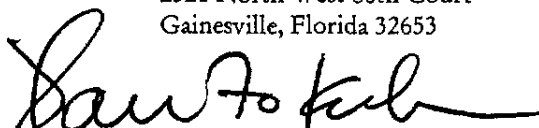
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Article IV

MANAGING MEMBERS. The name and address of each Managing Member is as follows:

TITLE
Managing Member

NAME & ADDRESS
Darren F. Kahn
2321 North West 66th Court
Gainesville, Florida 32653



Signature of Member or Authorized Representative of 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.)

Darren F. Kahn

Typed or Printed Name of Signee