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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SEAMAN'S HEALTHCARE SERVICES, LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME

The name of the Limited Liability Company is:

SEAMAN'S HEALTHCARE SERVICES, LLC

## ARTICLE II - ADDRESS

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

1400 NW 9<sup>th</sup> Avenue  
Boca Raton, FL 33486

## ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: Perpetual

## ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the manager and the name(s) and address(es) of the manager(s) is/are:

Roberto Paz  
1400 NW 9<sup>th</sup> Ave.  
Boca Raton, FL 33486

Monica Paz  
1400 NW 9<sup>th</sup> Ave.  
Boca Raton, FL 33486

## ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Members may admit additional members upon majority agreement of current members.

## ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, or the occurrence of any event which terminates the continued membership of

Steven Serle, P.A., 6070 N. Federal Highway, Boca Raton, FL 33487  
Telephone: 561-912-3500, Florida Bar No. 0048736

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a member of this limited liability company, shall terminate this company, unless the remaining members shall unanimously agree to continue the business of the company, in which event, this company shall not so terminate.

IN WITNESS WHEREOF, the undersigned representative of a Member has executed these Articles of Organization on this 7th day of March, 2006.

  
Authorized Representative of a Member

Printed Name of Authorized Representative: Roberto Paz

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is SEAMAN'S HEALTHCARE SERVICES, LLC.

2. The name and address of the registered agent and office is:

Roberto Paz  
1400 NW 9th Ave.  
Boca Raton, FL 33486

#### ACKNOWLEDGMENT:

Having been named 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.

Dated: March 7, 2006

  
ROBERTO PAZ  
Registered Agent

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