

Division of Corporations

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Florida Department of State  
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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  
Fax Number : (305) 675-2811

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Acquicorp "LLC"**

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Electronic Filing Menu

Corporate Filing Menu

Help

H07000003012 3

**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:

ACQUICORP "LLC"

**ARTICLE II: Address**

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

8319 SW 85TH TERRACE

MIAMI, FL 33143

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

THOMAS W. MESKO MD

8319 SW 85TH TERRACE

MIAMI, FL 33143

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 

THOMAS W. MESKO MD / Registered Agent's Signature

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H07000003012 3

H07000003012 3

PAGE 2

ACQUICORP "LLC"

ARTICLE IV: MANAGEMENT

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

ARTICLE V: MEMBERS (optional)

**Managing Member:**

THOMAS W. MESKO MD

8319 SW 85TH TERRACE

MIAMI, FL 33143

x *Tr Mark on*

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

THOMAS W. MESKO MD

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