

LO7000026010**Florida Department of State**

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**KOD HEALTH CARE SERVICES OF NORTH FLORIDA., 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:

ANKOD HEALTH CARE SERVICES OF NORTH FLORIDA, LLC.

ARTICLE II – Address:

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

Principle Office Address:

Mailing Address:

1120 PARK AVE

1120 PARK AVE

ORANGE PARK, FL 32003

ORANGE PARK, FL 32003

ARTICLE III – Registered Office, & Registered Agent's Signature:

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

SANDRA MOODY

Name

1120 PARK AVE

Florida street address (P.O. Box **NOT** acceptable)

ORANGE PARK, FL 32003

City, State, and Zip

Having been named as registered agent and to accept service of process for 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.

Sandra Moody
Registered Agent's Signature

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SANDRA MOODY
1120 PARK AVE
Orange Park, FL 32063

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Sandra Moody
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 penalties of perjury that the facts stated herein are true.)

Sandra Moody
Typed or printed name of signer

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