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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A1A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Maryellen Kassab, CMD, L.L.C.

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**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:

MARYELLEN KASSAB, CMD, L.L.C.

ARTICLE II: Address

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

1756 MAGNOLIA HARBOR DRIVE

NAVARRE FLORIDA 32566

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

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

MARYELLEN KASSAB

1756 MAGNOLIA HARBOR DRIVE

NAVARRE FLORIDA 32566

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 *Maryellen Kassab*

MARYELLEN KASSAB / REGISTERED AGENT'S SIGNATURE

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MARYELLEN KASSAB, CMD, L.L.C.

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:

MARYELLEN KASSAB

1756 MAGNOLIA HARBOR DRIVE

NAVARRE FLORIDA 32566

x *Maryellen Kassab*

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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.)

MARYELLEN KASSAB

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