

* Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : LLOYD GRANET
Account Number : 074632001025
Phone : (561) 999-9300
Fax Number : (561) 999-9400

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MARANA MEDICAL FACILITY LLC

Certificate of Status	1
Certified Copy	0
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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is:

MARANA MEDICAL FACILITY LLC

ARTICLE II - Address:

The mailing and street address of the principal office of the limited liability company is:

c/o Mr. Ivan Kaplan
2494 S. Ocean Boulevard
Boca Raton, FL 33432

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Lloyd Granet, P.A.
2295 NW Corporate Boulevard, Suite 235
Boca Raton, FL 33431-7330

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 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.

By: Registered Agent's Signature

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Signature of a member or an authorized representative of a member

Lloyd Granet
Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES