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Division of Corporations

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Account Number : 104662003400

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

East Ocean Medstat LLC

	45-14-14-14-14-14
Certificate of Status	1
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ARTICLES OF ORGANIZATION

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FOR
FLORIDA LIMITED LIABILITY COMPANYSECRETARY OF STATE
ALLAHASSEE FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: East Ocean Medstat LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:
6522 S. Kanner Hwy.	6522 S. Kanner Hwy.
Stuart, FL 34997	Stuart, FL 34997
ARTICLE III - Registered. The name and Florida street addres	Agent, Registered Office & Registered Agent's Signature ss of the registered agent are:
	Mary Buggia
	Name
	7741 Belmont Drive
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Lake Worth, FL 33467

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.

Registered Agent's Signature - Mary Buggia

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	each Managing Member(s): H09000120810 each Managing Member is as follows:
<u>Title:</u> "MGR" = Manag er "MGRM" = Managing M	Name and Address;
MGRM	Mary Buggia - 7741 Belmont Drive, Lake Worth, FL 33467
MGRM	Anthony Sorrentino - 7741 Belmont Drive, Lake Worth, FL 33467
MGRM	Bruce Kammerman - 2835 NW Federal Hwy., Stuart, FL 34994
(Use ettachment if necess) REQUIRED SIGNATU	
Ī	Signature of a member or authorized representative of a member.
doc	accordance with section 608.408(3), Florida Statutes, the execution of this coment constitutes an affirmation under the penalties of perjury that the facts ted herein are true.)
	Mary Buggia
	Typed or printed name of signee

SECRETARY OF STATE

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