

05/03/2009

Division of Corporations

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LOUIS N. SCHOLNIK, P.A.

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : LOUIS N. SCHOLNIK, P.A.  
Account Number : 120010000132  
Phone : (954) 771-4790  
Fax Number : (954) 364-4351

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**RDS #2 Medical Center LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION  
OF  
RDS #2 MEDICAL CENTER LLC**

**ARTICLE I**

The name of this limited liability company shall be **RDS #2 Medical Center LLC.**

**ARTICLE II**

The period of duration shall be perpetual.

**ARTICLE III**

This limited liability company is organized for any purpose permitted by Florida law.

**ARTICLE IV**

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be **590 W. Flagler Street, Miami, FL 33130.** The initial registered agent shall be **Alman Aryan, located at 590 W. Flagler Street, Miami, FL 33130.**

**ARTICLE V**

This limited liability company has at least one (1) member and the total amount of cash required to be contributed shall be \$100.00. After inception, there may be property other than cash contributed.

**ARTICLE VI**

Additional contributions may be required to be made by the member(s), all as set forth in the Regulations of the limited liability company.

**ARTICLE VII**

The right, if given, of the member(s) to admit additional members and the terms and conditions of the admissions shall be as provided in the Regulations of the limited liability company.

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**ARTICLE VIII**

This limited liability company shall be managed and operated by the member(s) of the limited liability company as the manager(s) thereof.

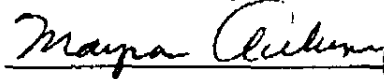
IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the 3 day of JUNE, 2009.

  
AIMAN ARYAN, Member

STATE OF FLORIDA }  
COUNTY OF MIAMI-DADE

BEFORE ME, personally appeared Aiman Aryan, Member, to me well known and known to me to be the person described in, and who acknowledged to and before me that she executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 3rd day of June, 2009.



NOTARY PUBLIC  
My Commission Expires:

(Notarial Seal)

NOTARY PUBLIC-STATE OF FLORIDA  
Mayra Albary  
Commission #DD791173  
Expires: MAY 21, 2012  
BONDED THROUGH ATLANTIC BONDING CO., INC.

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA  
NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT **RDS #2 Medical Center LLC**, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF MIAMI, COUNTY OF MIAMI-DADE, STATE OF FLORIDA, HAS NAMED **AIMAN ARYAN** AT **590 W. Flagler Street, Miami, FL 33130**, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

  
AIMAN ARYAN  
TITLE: MEMBER President

DATE: 6/3/09

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:

  
AIMAN ARYAN, Member President

DATE:

6/3/09

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