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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ECLAT HEALTHCARE, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
ECLAT HEALTHCARE, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is ECLAT HEALTHCARE, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company are as follows:

2301 North University Drive #112  
Pembroke Pines, FL 33024

Effective Date 09/11/09

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on September 11, 2009, or if later, such date as is five (5) business days prior to the date on which these Articles of Organization are filed by the Florida Department of State.

**ARTICLE IV  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Gregory W. Meier, Esq.  
Shuffield, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

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**ARTICLE V  
MANAGEMENT**

The Company is to be managed by one or more managers. Each manager may receive compensation for his or her services. The name and address of the person serving as the initial manager are as follows:

Brenda Sanzobrino, M.D.  
2301 N. University Drive #112  
Pembroke Pines, FL 33024

**ARTICLE VI  
APPLICABLE LAW**


The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

  
\_\_\_\_\_  
Gregory W. Meier, as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 of the Florida Statutes.*

  
\_\_\_\_\_  
Gregory W. Meier