

**L09000089881**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**FILED**  
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TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JALE HEALTH, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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**J. BRYAN**

SEP 18 2009

**EXAMINER**

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*H09 000202 2983*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

**JALE HEALTH, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**JALE HEALTH, LLC.**

ARTICLE II - ADDRESS

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

**4920 NW 79 AVE # 307  
DORAL, FL. 33166**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

**JOSE LUIS ROCCA**

**4920 NW 79 AVE # 307**

Florida street address ( P.O.BOX NOT acceptable)

**DORAL, FL. 33166**

City, State, and Zip

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TALLAHASSEE, FLORIDA

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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..

*Jose Luis Rocca*  
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JOSE LUIS ROCCA  
4920 NW 79 AVE # 307  
DORAL, FL. 33166

MANAGER

LILIANA ROSSI  
4920 NW 79 AVE # 307  
DORAL, FL. 33166

MANAGER

(An additional article must be added if an effective date is requested)

*Jose Luis Rocca*  
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.)

JOSE LUIS ROCCA  
Typed or printed name of signee

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