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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076170003401
Phone : (305)381-8108
Fax Number : (305)381-8109

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Caribbean Health Holdings LLC

Certificate of Status	0
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S. HAWKES

SEP 30 2009

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Caribbean Health Holdings LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1265 Mariola Court, Coral Gables, FL 33134

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

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

Geoffrey M. Wayne, Esq.
2929 SW Third Avenue,
Suite 330
Miami, Florida 33129-2710

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.

Geoffrey M. Wayne
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

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

ARTICLE V - That the Members of the Company are:

John Vincent Scalia	Member
Derek van Walleghem	Member
William Thurman	Member

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

Geoffrey M. Wayne, Authorized Signatory
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.)

Geoffrey M. Wayne

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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