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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : CSH SERVICES, LLC
Account Number : J20070000160
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TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.
RMA OF NEW PORT RICHEY, LLC**

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

RMA OF NEW PORT RICHEY, LLC

ARTICLE II ADDRESS

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

4240 US HWY 19 SOUTH
NEW PORT RICHEY, FLORIDA 34652**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

MICHAEL ALLEN
206 SW PARISH TERRACE
PORT ST LUCIE, FLORIDA 34984

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designate 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.

x 

MICHAEL ALLEN / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

MICHAEL ALLEN

206 SW PARISH TERRACE

PORT ST LUCIE, FLORIDA 34984

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TALLAHASSEE, FLORIDAx 

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.

MICHAEL ALLEN

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