

L11000002863

Florida Department of State
Division of Corporations
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L. SELLERS

JAN -7 2011

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CARE HEALTH BUSINESS SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
11 JAN -6 AM 11:13
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Care Health Business Solutions, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:15280 NW 79TH ST, Ste #100
Miami Lakes, FL 3301615280 NW 79TH ST, Ste #100
Miami Lakes, FL 33016

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Barbara Sanchez
Name15280 NW 79TH ST, Ste #100
Florida street address (P.O. Box NOT acceptable)Miami Lakes, FL 33016
City, State, and Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:**"MGR" = Manager****"MGRM" = Managing Member**MGR
Manager**Name and Address:**Patricia Zimpek
15280 NW 79th St. #100
Miami Lakes, FL 33016MGRMBarbara Sanchez
15280 NW 79th St. #100
Miami Lakes, FL 33016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 06, 2011 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Barbara Sanchez
Typed or printed name of signer**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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