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(((H110001596243)))



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To:

Division of Corporations

Fax Number

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From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : I19990000101 Phone

Fax Number

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**Enter the small address for this business entity to be used $\mathfrak{B}_{\mathbb{Z}}^{2}$ annual report mailings. Enter only one email address pleases

Email Address: rcabral@westmountfinancial.com

FLORIDA LIMITED LIABILITY CO. 1488 MERCY ACQUISITION, LLC

Certificate of Status	0
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Page Count	02
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JUN 17 2011

EXAMINER

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June 16, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

SHAPIRO & ADAMS, P.A.

SUBJECT: 1488 MERCY ACQUISITION, LLC

REF: W11000032676

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: E11000159624 Letter Number: 311A00014680 IT JUN 16 AM DE SO

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:		
The name of the Limited Liability Company is	s:	
1488 MERCY ACQUISITION		
(Must and with the words "Limited Lish	hility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
9710 Buckeye Street	3710 Buckeye Street	
Suite 100	Suite 100	
Palm Beach Gardens, FL 33410	Palm Beach Gardens, Fl., 33410 -	uC.
ARTICLE III - Registered Agent, Registered (The Limited Limited Company cannot serve as in own Rag business entity with an active Florida registration.) The name and the Florida street address of the Richard Cabral	ristered Agent. You must designate an individual or anim I O	TOWN TO AM
Nam		්රා ලෙස (ම්වී
3710 Buckeye S	Street, Suite 100	
Plorida street a	ddress (P.O. Box NOT acceptable)	-
Palm Beach Gardens	_{PL} 33410	• •
City, 8	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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"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Richard Cabral
	3710 Buckeye Street, Suite 100
	Palm Booch Gardens, FL 33410
	•
,	
	
(Use attachment if necessary) LE V: Effective date, if other than #	
LEV: Effective date, if other than #	he date of filing:
LE V: Effective date, if other than the date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days p
LE V: Effective date, if other than the factive date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean of the date of the date in the date of the dat	ther or an authorized representative of a member- 208.408(3), Plouida Statutes, the execution of this document of the peralties of perjury that the facts stated harein are true companion submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
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