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**FLORIDA LIMITED LIABILITY CO.
RAINTREE HEALTH SYSTEMS, LLC**

Certificate of Status	0
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MAY - 4 2012

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
RAINTREE HEALTH SYSTEMS, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **RAINTREE HEALTH SYSTEMS, LLC.**

ARTICLE II: - Address

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

**1400 East Oakland Park Boulevard
Suite 210
Oakland Park, Florida 33334**

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

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

**NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301**

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.

NRAI SERVICES, INC., as Registered Agent



Name: Katie Wonsch
Title: Assistant Secretary

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Florida on May 2, 2012.


Marshall R. Burack, 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.)

Marshall R. Burack
Typed or printed name of signer

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