Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : CSH SERVICES, LLC

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FLORIDA LIMITED LIABILITY CO.

Americhoice Medical Services, LLC

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

AMERICHOICE MEDICAL SERVICES, LLC

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ARTICLE II **ADDRESS**

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

1061 MAITLAND CENTER COMMONS BLVD, STE 212 MAITLAND, FLORIDA 32751

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SANDRA A MORALES 1061 MAJTLAND CENTER COMMONS BLVD, 5TE 212 MAITLAND, FLORIDA 32751

Having been named as registered agent 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.

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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

MANAGING MEMBER
HECTOR MASTRAPA
1061 MAITLAND CENTER COMMONS BLVD, STE 212
MAITLAND, FLORIDA 32751

MANAGING MEMBER
SANDRA A MORALES
1061 MAITLAND CENTER COMMONS BLVD, STE 212
MAITLAND, FLORIDA 32751

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.

HECTOR MASTRAPA