

**L12000133646**

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From: Rosa Wong, Paralegal

Account Name : AKERMAN SENTERFITT (MIAMI)  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

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Email Address: farinasmed@aol.com

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12 OCT 19 AM 6:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
AF Healthcare Holdings, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

clm: 62647/260324

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**ARTICLES OF ORGANIZATION  
OF  
AF HEALTHCARE HOLDINGS, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **AF Healthcare Holdings, LLC.**

**ARTICLE II: - Address**

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

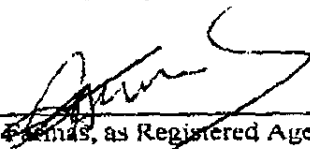
**620 S. Lake Street  
Suite 3  
Leesburg, Florida 34748**

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

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

**Alfredo Farinas  
620 S. Lake Street  
Suite 3  
Leesburg, Florida 34748**

*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.*

  
\_\_\_\_\_  
Alfredo Farinas, as Registered Agent

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

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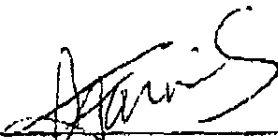
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**ARTICLE V: - Manager(s) or Managing Member(s)**  
The name and address of each Manager is as follows:

MGR

Alfredo Farinas  
620 S. Lake Street  
Suite 3  
Leesburg, Florida 34748



Alfredo Farinas, 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.)

Alfredo Farinas

Typed or printed name of signee

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