

# L12000158442

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.**  
**Health Solutions of South Florida LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

HEALTH SOLUTIONS OF SOUTH FLORIDA LLC

**ARTICLE II ADDRESS**

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

619 NW 12TH AVENUE  
MIAMI, FLORIDA 33136

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

EDWARD MEUNIER  
619 NW 12TH AVENUE  
MIAMI, FLORIDA 33136

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.

X



EDWARD MEUNIER / Registered Agent's signature

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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  
EDWARD MEUNIER  
619 NW 12TH AVENUE  
MIAMI, FLORIDA 33136

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X. 

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.

EDWARD MEUNIER

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