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Florida Department of State
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GAIL S ANDRE
Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.
Account Number : 07272000036
Phone : (407) 843-4600
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**FLORIDA LIMITED LIABILITY CO.
PARADISE HEALTH, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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Help

ARTICLES OF ORGANIZATION
OF
PARADISE HEALTH, LLC

ARTICLE I - NAME

The name of this limited liability company is PARADISE HEALTH, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

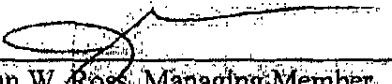
The mailing address and street address of the initial principal office of the Company is 10231 Cove Lake Drive, Orlando, Florida 32836.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 10231 Cove Lake Drive, Orlando, Florida 32836, and the name of the initial registered agent of the Company at that address is John W. Ross.

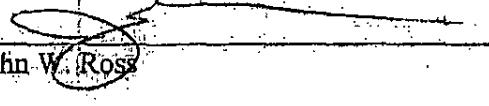
ARTICLE IV - MANAGEMENT

The Company is a member-managed limited liability company. The initial managing member of the Company is John W. Ross.


John W. Ross, Managing Member

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.


John W. Ross

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