

5/2/13

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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:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Palm Medical Center, LLC

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**ARTICLES OF ORGANIZATION
OF
PALM MEDICAL CENTER, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **PALM MEDICAL CENTER, LLC.**

ARTICLE II: - Address

The mailing address of the Limited Liability Company is:

**121 Alhambra Plaza, Suite 1100
Coral Gables, Florida 33134**

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

**1251 NW 36 Street
Miami, Florida 33142**

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

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

**Corporate Creations Network, Inc.
11380 Prosperity Farms Road, Suite 221E
Palm Beach Gardens, FL 33410**

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.

CORPORATE CREATIONS NETWORK, INC., as Registered Agent

By: 
Name: **Jim Perkins, Vice President**
Title:

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Florida on May 2nd, 2013.

/s/ Alex Goone
Alex Goone, as 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.)

Alex Goone
Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA