

08-08-13 04:10 PM

FROM AKERMAN SENTERFITT

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Division of Corporation

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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: everett.wilson@akerman.com

FLORIDA LIMITED LIABILITY CO. CHOICES HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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**ARTICLES OF ORGANIZATION
OF
CHOICES HEALTHCARE, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **CHOICES HEALTHCARE, LLC**.

ARTICLE II: - Address

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

**19301 SW 218 Street
Miami, Florida 33170**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

**Rocio Fleites
19301 SW 218 Street
Miami, Florida 33170**

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 this 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.



Rocio Fleites, 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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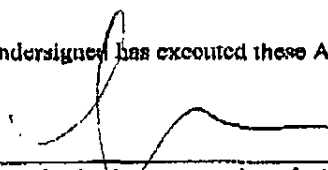
ARTICLE V: - Manager

The name and address of the Manager is as follows:

MGR

Rocio Fletes
19301 SW 218 Street
Miami, Florida 33170

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
at Miami, Florida on August 9, 2013.



J. Everett Wilson, 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.)

J. Everett Wilson

Typed or printed name of signer

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