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Division of Corporations
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Division of Corporations
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RECEIVED
15 JAN 23 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
ONEPOINT HEALTH MANAGEMENT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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2015 JAN 23 PM 5:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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JAN 26 2015
J. BRUCE

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

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

ONEPOINT HEALTH MANAGEMENT, LLC

ARTICLE II - Address:

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

Mailing Address- P.O. BOX 352482 MIAMI, FL 33135

Street Address- 601 West 20 Street, Hialeah, FL 33010

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

CHRISTIE CARRASQUILLO

601 West 20 Street
Hialeah, FL 33010

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ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

CHRISTIE CARRASQUILLO
Managing Member

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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Typed or printed name of signee

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 605, F.S..



Registered Agent's Signature (REQUIRED)

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