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FLORIDA LIMITED LIABILITY CO.
PATIENT CARE SERVICES, LLC

Certificate of Status	0
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K. SALLY
EXAMINER
MAR 12 2015

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**ARTICLES OF ORGANIZATION
OF
PATIENT CARE SERVICES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be PATIENT CARE SERVICES, LLC ("Company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company shall be 2161 SW 113th Ave., Davie, FL 33325.

ARTICLE III -- DURATION

Perpetual. The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these Articles of Organization.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

Melverne Riegl-Smith
2161 SW 113th Ave.
Davie, FL 33325

ARTICLE V -- CAPITAL CONTRIBUTIONS

Each member shall make capital contributions to the company as necessary from time to time, on the majority consent of all members.

ARTICLE VI -- ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the majority written consent of the members of the company and on such terms and conditions as shall be determined by majority consent of the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless a

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majority of the other members of the company approve of the proposed transfer by written consent.

ARTICLE VII -- TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of a manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of a majority of the remaining members, provided there are at least two remaining members.

ARTICLE VIII -- MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is Melverne Riegl-Smith, whose address is 2161 SW 113th Ave., Davie, FL 33325.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization in Ft. Lauderdale on this 10th day of March, 2015.

Sole Member:

Melverne Riegl Smith
MELVERNE RIEGL-SMITH

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STATE OF FLORIDA)
)
COUNTY OF BROWARD)

Sworn to and subscribed before me this 10th day of March, 2015 by Melverne Riegl-Smith, who is personally known to me or who has produced FL D/L as identification.



Notary Public

Print, Type or
Commissioned



(SEAL)

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.

Melverne Riegl-Smith
MELVERNE RIEGL-SMITH

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0203(1)(a), FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PATIENT CARE SERVICES, LLC

2. The name and address of the registered agent and office is:

Melverne Riegl-Smith
(NAME)

2161 SW 113th Ave.
(P.O. BOX NOT ACCEPTABLE)

Davie, FL 33325
(CITY/STATE/ZIP)

*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.*

Melverne Riegl-Smith
MELVERNE RIEGL-SMITH

3/10/2015
DATE

Filing Fee: \$35 for Designation of Registered Agent

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