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(Requestor's Name)

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(City/State/Zip/Phone #)

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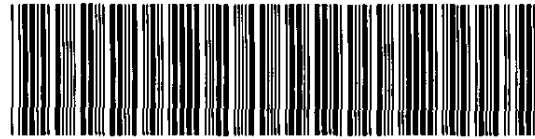
(Business Entity Name)

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612159

**Wolters Kluwer**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**ORANGE CARE GROUP, LLC**

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**Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<b>Formation</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>New Formation</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/16/2015

**ST**

Order#:  
**9590243**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Wolters Kluwer**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**ORANGE CARE GROUP, LLC**

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**Thank you!**

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Document

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Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
ORANGE CARE GROUP, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is **ORANGE CARE GROUP, LLC** (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is located at 1111 Brickell Avenue, Suite 1141, Miami, Florida 33130.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Lisette Exposito and the address of the Company's registered office is 1111 Brickell Avenue, Suite 1141, Miami, Florida 33130.

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**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a manager-managed company and the name and address of the initial manager is Lisette Exposito, 1111 Brickell Avenue, Suite 1141, Miami, Florida 33130.

**ARTICLE VI  
Admission of Additional Members**

Unless otherwise provided in the Company's operating agreement, as may be adopted from time to time, Members shall have the right to admit additional members as provided by the Florida Revised Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.



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Lissette Exposito  
Authorized Representative

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

PURSUANT TO THE PROVISIONS OF SECTION 605.113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: **ORANGE CARE GROUP, LLC**
2. The name and address of the registered agent and office is: Lissette Exposito and the address of the Company's registered office is 1111 Brickell Avenue, Suite 1141, Miami, Florida 33130.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*



\_\_\_\_\_  
Lissette Exposito