Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. Natmax Healthcare, LLC

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September 1, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: NATMAX HEALTHCARE, LLC

REF: W15000058022

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Carol Mustain Regulatory Specialist II FAX Aud. #: B15000209678 Letter Number: 615A00018456

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SECRETAIN STATE
TALLAHASSEE FI ORIGINA

P.O BOX 6327 - Tallahassec, Florida 32314

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H15000209678

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Natmax H	ealthcare, LLC
(Must end with the words '	Limited Liability Company, "L.L.C.," or "LLC."
RTICLE II - Address: he mailing address and street address of the pri	ncipal office of the Limited Liability Company is
rincipal Office Address:	Malling Address:
4631 Safe Landing Court	14631 Safe Landing Court
M M. (44 EL 22000	Fort Museum El 22000
RTICLE III - Registered Agent, Registered he Limited Liability Company cannot serve as	its own Registered Agent. You must designate a
nother business entity with an active Florida re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate a gistration.)
RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re the name and the Florida street address of the re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate a gistration.) gistered agent are:
RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate a gistration.) gistered agent are:
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RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re the name and the Florida street address of the re Charles Abels Mas 15671 San Carlos	Office, & Registered Agent's Signature: its own Registered Agent. You must designate a gistration.) gistered agent are: SSIC Name
RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re the name and the Florida street address of the re Charles Abels Mas 15671 San Carlos	Office, & Registered Agent's Signature: its own Registered Agent. You must designate a gistration.) egistered agent are: SSIE Name Blvd., Suite 201

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..

Charle Meh Manuel
Registered Agent's Signature (REQUIRED)

Charles Abels Massie

(CONTINUED)

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H15000209678

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Chaim Margoin
	14631 Safe Landing Court
	Fort Myers. FL 33908
(Use attachment if necessary)	
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 d
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