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**FLORIDA LIMITED LIABILITY CO.
CAREACCESS, LLC**

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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
OF
CAREACCESS, LLC
(A Florida Limited Liability Company)**

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**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: CareAccess, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company are: c/o Martin G. Burkett, Esq., One S.E. 3rd Avenue, 25th Floor, Miami, FL 33131.

**ARTICLE III
INITIAL REGISTERED OFFICE AND AGENT**

The name and Florida street address of the Company's initial registered agent are: NRAI Services, Inc., at 1200 S. Pine Island Rd., Plantation, Florida 33324.

**ARTICLE IV
EFFECTIVE DATE AND TIME**

These Articles of Organization are effective upon the filing of these Articles of Organization with the Florida Department of State.

**ARTICLE V
MANAGEMENT**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the managers of the Company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	George M. Fernandez One S.E. 3 rd Ave., 25 th Floor Miami, FL 33131
Manager	Rodolfo Rodriguez One S.E. 3 rd Ave., 25 th Floor Miami, FL 33131

[Signature on the following page]

9/11/2015 4:32:52 PM From: To: 8506176381(3/4)

11th IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this day of September, 2015.


Tyson Patterson, Esq.,
Authorized Representative

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Revised Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **CAREACCESS, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Acceptance this 11th day of September, 2015.

NRAI Services, Inc.

By: Connie Boyan
Name: _____
Title: Connie Boyan
Assistant Secretary