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FLORIDA LIMITED LIABILITY CO.
Wishing Well Outpatient Center LLC

Certificate of Status	1
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3/15/16 10:58 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 15 AM 7:34

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03/15/2016 10:50:50 5616941639

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ARTICLES OF ORGANIZATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Article I. Name

The name of this Florida limited liability company is:
Wishing Well Outpatient Center LLC

Article II. Address

The street address of the Company's initial principal office is:

Wishing Well Outpatient Center LLC
706 West Boynton Beach Blvd., Suite 104B
Boynton Beach FL 33426

The mailing address of the Company's initial principal office is:

Wishing Well Outpatient Center LLC
706 West Boynton Beach Blvd., Suite 104B
Boynton Beach FL 33426

Boynton Beach FL 33426

The mailing address is:

Wishing Well Outpatient Center
706 West Boynton Beach Blvd.
Boynton Beach FL 33426

Article III. Registered Agent

The name and street address of the Company's registered agent is:

Pierre M. Tallerie
706 West Boynton Beach Blvd., Suite 104B
Boynton Beach FL 33426

Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

Alan Lieberman
3015 Exchange Ct Ste B
West Palm Beach FL 33409
561-683-8126

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Article V. Distribution of Profits

Unless otherwise provided in the Company's Operating Agreement, there shall not be any distribution of profits unless each separate distribution is approved by the affirmative vote of members who own more than 50% of the voting interest in the Company. The voting members shall have complete discretion on when and if to approve any distribution of profits.

Article VI. Management

This will be a member-managed company. The name and address of each member is:

Pierre M. Tallerie
706 West Boynton Beach Blvd., Suite 104B
Boynton Beach FL 33426

Article VII. Company Existence

The Company's existence shall begin effective as of March 15, 2016.

The undersigned authorized representative of a member executed these Articles of Organization on 3/15/2016.


ALAN LIEBERMAN

By Kristine Roy as attorney-in-fact

Alan Lieberman
3015 Exchange Ct Ste B
West Palm Beach FL 33409
561-683-8126

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**STATEMENT OF REGISTERED AGENT****LIMITED LIABILITY COMPANY:****Wishing Well Outpatient Center LLC****REGISTERED AGENT/OFFICE:****Pierre M. Tallerie****706 West Boynton Beach Blvd., Suite 104B****Boynton Beach FL 33426**

Boynton Beach

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.


PIERRE M. TALLERIE

by Kristine Roy as attorney-in-fact

Date March 15, 2016.

Alan Lieberman
3015 Exchange Ct Ste B
West Palm Beach FL 33409
561-683-8126

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