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Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**FLORIDA LIMITED LIABILITY CO.
MBF Healthcare Management II, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 23 PM 1:38

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 3/24/14

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**ARTICLES OF ORGANIZATION
OF
MBF HEALTHCARE MANAGEMENT II, LLC**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is **MBF HEALTHCARE MANAGEMENT II, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**121 Alhambra Plaza
Suite 1100
Coral Gables, Florida 33134**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, Florida 33410**

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.

**CORPORATE CREATIONS NETWORK INC.,
as Registered Agent**



Name: Jessica Morales
Title: Special Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Michael B. Fernandez 121 Alhambra Plaza, Suite 1100 Coral Gables, Florida 33134

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 23, 2015.



Martin G. Burkett, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Martin G. Burkett
Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA