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Clover Healthcare, LLC

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8/29/2016

## H16000214396

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Li	iability Company is:		
Clover Healther	are, LLC t and with the words "Limited	Liability Company."	L.L.C.," or "LLC.")
ARTICLE II - Address:	reet address of the principal o		·
<u>Pr</u>	incipal Office Address:		Mailing Address:
757 SE 17 Street Fort Lauderdale	et e, Florida 33316		3 17 Street auderdale, Florida 33316
(The Limited Liability Con	d Agent, Registered Office, apany cannot serve as its own than active Florida registration	Registered Agent. Yo	s Signature: au must designate an individual or
	treet address of the registered	l agent are:	
The name and the Florida s	atoet address of the registerer	rugem are.	
The name and the Florida s	David J. Schonenfel	d, Esquire	
The name and the Florida s			
The name and the Florida s		d, Esquire Name	
The name and the Florida s	David J. Schottenfel	d, Esquire Name	eptable)
The name and the Florida s	David J. Schottenfel	d, Esquire Name Suito 203	eptable)

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 vertificate. 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..

(CONTINUED)

Page 1 of 2

gent's Signature (REQUIRED)

16 AUG 29 AM 8: 31
SECRETARY OF STATE
SECRETARY OF STATE

## H16000214396

MGR" - Manager MBR/MGR  Christopher Walsh 757 SE 17 Street Fort Lauderdale, Florida 33316  MBR  Karen Walsh 757 SE 17 Street Fort Lauderdale, Florida 33316  MBR  Joseph Dumbroff 123 NW 13 Street - Suite 300A Boca Rajon, Florida 33432  MBR  David J. Schottenfeld  7520 NW 5 Street - Suite 203 Plantation, Florida 33317   Je attachment if necessary)  V: Effective date, if other than the date of filling: tive date is listed, the date must be specific and cannot be more than five business days prior to on filling.) the date inserted in this block does not meet the applicable statutory filling requirements, this date will ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a provision submitted in a document to the Department of State's records.  EQUIRED SIGNATURE:  David J. Schottenfeld  Typed or printed name of signee  Filling Faes:  125.90 Filling Fee for Articles of Organization and Designation of Registered Agent  States of Copy (Optional)	"AMBR" = Authorized Member	Name and Address:
Christopher Walsh 757 SE 17 Street Fort Lauderdale, Florida 33316  MBR  Karen Walsh 757 SE 17 Street Fort Lauderdale, Florida 33316  MBR  Joseph Dumbroff 123 NW 13 Street - Suite 300A Boca Ration, Florida 33432  MBR  David J. Schottenfeld 7520 NW 5 Street - Suite 203 Plantation, Florida 33317  Jes attachment if necessary)  V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to offling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will entire effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with action 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of State's records.  David J. Schottenfeld Typed or printed name of signec  Filting Fees:  125.90 Filling Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certified Copy (Optional)	"MGR" = Manager	
757 SE 17 Street Fort Lauderdale, Florida 33316  MBR  Karen Walsh 757 SE 17 Street Fort Lauderdale, Florida 33316  MBR  Joseph Dumbroff 123 NW 13 Street - Suite 300A Boca Raton, Florida 33432  MBR  David J. Schottenfeld 7520 NW 5 Street - Suite 203 Plantation, Florida 33317  Je attachment if necessary)  V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to of filing.  It to date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is exectled in accordance with segion 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information authorities in a document to the Department of State I am aware that any false information authorities in a document to the Department of State I am aware for such a state I am aware for such as a state I am	AMBR/MGR	Christopher Walsh
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Fort Lauderdale , Florida 33316  Joseph Dumbroff  123 NW 13 Street - Suite 300A  Boca Raton, Florida 33432  MBR  David J. Schottenfeld  7520 NW 5 Street - Suite 203  Plantation, Florida 33317   Jes attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.  David J. Schottenfeld  Typed or printed name of signee  Eiling Fees:  30.00 Certified Copy (Optional)  Signature of Status (Optional)	AMBR	Karen Walsh
Joseph Dumbroff  123 NW 13 Street - Suite 300A  Boca Rajon, Florida 33432  David J. Schottenfeld  7520 NW 5 Street - Suite 203  Plantation, Florida 33317   Joseph Dumbroff  123 NW 13 Street - Suite 300A  Boca Rajon, Florida 33432  David J. Schottenfeld  7520 NW 5 Street - Suite 203  Plantation, Florida 33317   Joseph Dumbroff  123 NW 13 Street - Suite 300A  Boca Rajon, Florida 3442  David J. Schottenfeld  7520 NW 5 Street - Suite 203  Plantation, Florida 33317   (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (It is date is listed, the date must be specific and cannot be more than five business days prior to or filling,  (It is date inserted in this block does not meet the applicable statutory filing requirements, this date will entity a effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information audmitted in a document to the Department of Statut I am aware that any false information and period for in s.817.155, F.S.  David J. Schottenfeld  Typed or printed name of signee  Eiling Fees:  30.00 Certified Copy (Optional)  Signature of a member.  Filing Fees:  30.00 Certified Copy (Optional)		
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