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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/22/2016

NAME:

DHG PALM SPRINGS LLC

TYPE OF FILING: ARTICLES

COST:

\$155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

FILED

| ARTICLE | [- | Name: |
|---------|-----|-------|
|---------|-----|-------|

The name of the Limited Liability Company is:

16 107 22 73 8 43

DHG Palm Beach, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

200 West 55th Street, Suite 42 New York, New York 10019

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

T V Reddy

Name

1111 Collins Avenue,

Florida street address (P.O. Box NOT acceptable)

Miami Beach

L

33139

Cit

State

Zin

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

| Title: "AMBR" = Authori "MGR" = Manager | | Name and Address: |
|--|---|---|
| MGR - Manager | | Rabinder Pal Singh |
| | | 200 West 55th Street, Suite 42 |
| | | New York, New York 10019 |
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| (Use attachment if n | • | filing: (OPTIONAL) |
| CLE V: Effective date, effective date, is listed, e of filing.) If the date inserted in a cument's effective date | if other than the date of the date must be specificated block does not meet to on the Department of S | filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be fate's records. |
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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