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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
ILLUMINA MEDICAL GROUP SUPPORT SERVICES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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June 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ILLUMINA MEDICAL GROUP SUPPORT SERVICES, LLC
REF: W17000050814

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H17000161595
Letter Number: 517A00012371

P.O BOX 6327 - Tallahassee, Florida 32314

H17000161595

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Illumina Medical Group Support Services, LLC

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

ARTICLE II - Address:

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

Principal Office Address:13032 SW 133 CTMiami, FL 33186**Mailing Address:**13032 SW 133 CTMiami, FL 33186**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:

ALL THERAPY, INC.

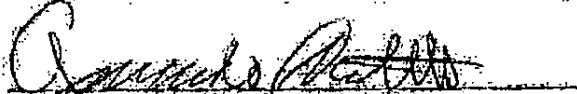
Name

13032 SW 133 CTFlorida street address (P.O. Box **NOT** acceptable)MiamiFL 33186

City, State, and Zip

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ALLAHASSEE, FLORIDA

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)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMIllumina Healthcare, LLC13032 SW 133 CTMiami, FL 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/14/17 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Armando Castano
Typed or printed name of signer

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