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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)343-6962

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

Email Address: gpena@ascendo.com

FLORIDA LIMITED LIABILITY CO.
ASCENDO HEALTHCARE SEARCH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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**ARTICLES OF ORGANIZATION
OF
ASCENDO HEALTHCARE HOLDING, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is Ascendo Healthcare Holding, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is Two Alhambra Plaza, Suite 1220, Coral Gables, Florida 33134.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 East Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33301.

ARTICLE V - Management:

The Limited Liability Company is to be managed by the managers and the name and address of the initial managers who are to serve as managers are:

Gustavo Pena
Two Alhambra Plaza
Suite 1220
Coral Gables, Florida 33134

Eugene Holzer
Two Alhambra Plaza
Suite 1220
Coral Gables, Florida 33134

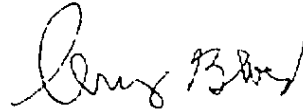
Charles S. Berger
Two Alhambra Plaza
Suite 1220
Coral Gables, Florida 33134

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FILED

The managers of this Limited Liability Company: (i) may be rePlazad by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned has executed these Articles the 5th day of October, 2017.



Gregory J. Blodig, Esq.
Authorized Representative of Member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Ascendo Healthcare Holding, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")
200 East Broward Blvd., Suite 1800
Fort Lauderdale, Florida 33301

By: _____

Gregory J. Blodig, For the Firm

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the Plaza designated in this certificate, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.

Gregory J. Blodig, For the Firm

(Signature)

October 5, 2017

(Date)