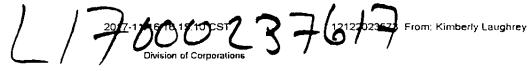
To: Page 2 of 5

11/16/2017



# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000303502 3)))



H170003035023ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

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



### FLORIDA LIMITED LIABILITY CO.

## Cano Health of West Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



Electronic Filing Menu

Corporate Filing Menu

Help

#### **COVER LETTER**

	gistration Section vision of Corporations	
CUDIECT.	Cano Health of West Florida, LLC	
SUBJECT:		imited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this r	natter to the following:
	Marlow Hernandez	
•		Name of Person
	Cano Health, LLC	
•	- <del>-</del>	Firm/Company
	680 N. University Orive	
•		Address
	Pembroke Pines, FL 33024	
n	nhernandez@canohealth.com	City/State and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further in	formation concerning this matter, plea	se call:
1	Marlow Hernandez	954 538-6868
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
<b>5</b> 125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cano Health of West					
(Must end	with the words "Limited I	Liability Company, '	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Limited L	iability Company is:		
Princip	al Office Address:		Mailing Address:		
680 N. University Dr	rive	680 N	. University Drive	<u></u>	
Pembroke Pines, FL		Pamb	roke Pines, FL 33024		
ARTICLE III - Registered Age (The Limited Liability Company	ent, Registered Office, &	Registered Agent	's Signature:	al or	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, &	Registered Agent	's Signature:	al or	
ARTICLE III - Registered Age (The Limited Liability Company	ent, Registered Office, & cannot serve as its own F active Florida registration	Registered Agent Registered Agent. Ye	's Signature:	1	1
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own F active Florida registration address of the registered a	Registered Agent Registered Agent. You Describe the Registered Agent. You	's Signature:	1	47 150
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a	Registered Agent Registered Agent. You Described agent. You Described agent are:	's Signature:	al or TALLAND	100 LT
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a	Registered Agent Registered Agent. You Describe the Registered Agent. You	's Signature:	1	17 NON 17
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a CT Corporation Syste	Registered Agent Registered Agent. You Regis	's Signature: ou must designate an individu	M. MON I.	17
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a CT Corporation System	Registered Agent Registered Agent. You Regis	's Signature: ou must designate an individu	M. MON I.	17 P)
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & cannot serve as its own Factive Florida registration address of the registered a CT Corporation Syste	Registered Agent Registered Agent. You Regis	's Signature: ou must designate an individu	TA NOW IN THE	17

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.

C T Corporation System

By: Jun Jill Zyermunt ASSIStant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager AMBR and MGR	Cano Health, L.L.C
AMERICAN AND AND AND AND AND AND AND AND AND A	680 N. University Drive
	Pembroke Pines, Florida 33024
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(Use attachment if necessary)	
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