

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L18000014191**

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**FLORIDA LIMITED LIABILITY CO.  
UNNO HEALTHCARE, LLC**

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

JAN 19 2018

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January 17, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: UNNO HEALTHCARE, LLC  
REF: W18000004327

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.

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Tim Burch  
Regulatory Specialist III

FAX Aud. #: H18000019555  
Letter Number: 818A00000933

2nd Request

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

The name of the Limited Liability Company is:

Unno Healthcare, 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:**

2600 Douglas Road, Suite 811

Coral Gables, FL 33134

**Mailing Address:**

2600 Douglas Road, Suite 811

Coral Gables, FL 33134

**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:

Valentin Lopez

Name

2600 Douglas Road, Suite 811

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

Coral Gables

FL 33134

City, State, and Zip

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*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.*

*Valentin Lopez*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

01-13-2013 03:43

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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:

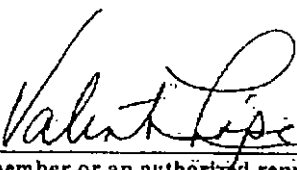
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMValentin Lopez2800 Douglas Road, Suite 811Coral Gables, Florida 33134\_

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: January 16, 2018 (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.)

Valentin Lopez

Typed or printed name of signee

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