

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

AC Care Holdings, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

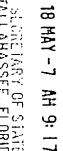
J. FASON

MAY 08 2018

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

1000 Gates Brooklyn,

AC Care Holdings, 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: |
|---------------------------|--------------------|
| a Aye | 1000 Gates Ave |
| NY 11221 | Brooklyn, NY 11221 |

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:

| Voorp Services, LLC | S | |
|-----------------------|----------------------------|------------|
| | Name | |
| 5011 South State Ro | ad 7, Suite 106 | |
| Florida street addres | 55 (P.O. Box <u>NOT</u> ac | cceptable) |
| Davie | FL | 33314 |
| City | State | Zip |

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 1 of 2

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18 MAY - 7 AH 9: 17

SECRETARY OF STATE

| Title: "AMBR" = Authorized Mcmbcr | Name and Address: |
|--|---|
| "MGR" = Manager | |
| AMBR | Leopold Friedman |
| | Brooklyn, NY 11221 |
| | Brooklyn, NT 11221 |
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| (Use attachment if necessary) | |
| LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific as of filing.) | g: (OPTIONAL) ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not |
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| LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific as of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in action aware that any false inform | applicable statutory filing requirements, this date will not a records. It an authorized representative of a member. Excordance with section 605.0203 (1) (b), Florida Statutes, eation submitted in a document to the Department of State |

\$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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