

MAY.22.2018 14:10

Division of Corporations

#2713 P.001 /003

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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 : GREENBERG TRAUROIC (WEST PALM BEACH)  
Account Number : 075201901473  
Phone : (561) 955-7600  
Fax Number : (561) 338-7099

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

Email Address: DB@INTERCOASTALCM.COM

**FLORIDA LIMITED LIABILITY CO.**

**Double B Health Care Holdings, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAY 22 AM 9:11

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
DOUBLE B HEALTH CARE HOLDINGS, LLC**

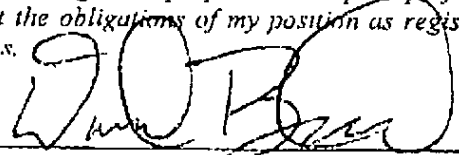
**ARTICLE I – NAME:** The name of the limited liability company is DOUBLE B HEALTH CARE HOLDINGS, LLC (the "Company").

**ARTICLE II – ADDRESS:** The mailing address of the principal office of the Company is 5550 Glades Road, Suite 308, Boca Raton, FL 33431. The street address of the principal office of the Company is 5550 Glades Road, Suite 308, Boca Raton, FL 33431.

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:** The name and the Florida street address of the Company's registered agent are:

David Bird  
5550 Glades Road, Suite 308  
Boca Raton, FL 33431

*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 in Chapter 605, Florida Statutes.*

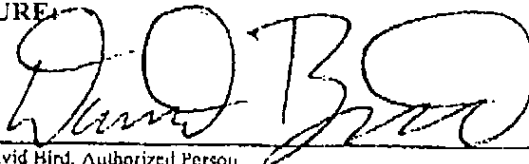
  
\_\_\_\_\_  
David Bird

**ARTICLE IV –** The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Manager	David Bird 5550 Glades Road, Suite 308 Boca Raton, FL 33431

APPROVED  
AND  
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18 MAY 22 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE

A handwritten signature in black ink, appearing to read 'David Bird', written over a horizontal line.

David Bird, Authorized Person

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)