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**FLORIDA LIMITED LIABILITY CO.  
NAMASTE CARE SERVICES, LLC**

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

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I      NAME**

**The name of the Limited Liability Company is:**

NAMASTE CARE SERVICES, LLC

**ARTICLE II      ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

8480 NW 21ST COURT

SUNRISE, FLORIDA 33322

### ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

STEPHANIE M CUEVAS

8480 NW 21ST COURT

SUNRISE, FLORIDA 33322

*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.*

X /s/ Stephanie M Cuevas  
STEPHANIE M CUEVAS / Registered Agent's signature

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**ARTICLE IV AUTHORIZED PERSON(S)**

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER  
STEPHANIE M CUEVAS  
8480 NW 21ST COURT  
SUNRISE, FLORIDA 33322

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.....  
X /s/ Stephanie M Cuevas  
STEPHANIE M CUEVAS / Authorized Representative's signature

*(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.)*

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