

L1900007633603

Florida Department of State
Division of Corporations
Electronic Filings

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To: Division of Corporations
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
DSH Medical Holdings, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION
OF
DSH MEDICAL HOLDINGS, LLC

ARTICLE I - NAME

The name of the limited liability company is DSH Medical Holdings, LLC ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
8364 Lyons Ranches Rd
Boynton Beach, FL 33472-4409

Mailing Address:
8364 Lyons Ranches Rd
Boynton Beach, FL 33472-4409

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Ian M. Berkowitz, Esq.
2101 NW Corporate Boulevard, Suite 300
Boca Raton, Florida 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 for in Chapter 605, F.S.


Ian M. Berkowitz, Esq.

19 MAR - 6 AM 11:30
SECRETARY OF STATE
TAMMAMSEET, FL 00000
LLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

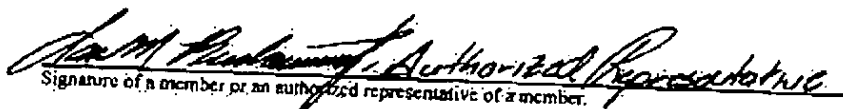
MGR/AMBR

Scott Hoar
8364 Lyons Ranches Rd
Boynton Beach, FL 33472-4409

ARTICLE V - OTHER MATTERS

This Company is hereby authorized to conduct any and all legal business activities as agreed to by the Members.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.


Typed or printed name of signer

19 MAR -6 AM 11:30
CL
DEPT. OF STATE
TAMPA, FL 33604

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