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(Requestor's Name)

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(City/State/Zip/Phone #)

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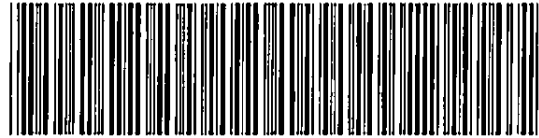
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**CORPORATE  
ACCESS,  
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articles

1. Post Acute ID Care, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
Post Acute ID Care, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is Post Acute ID Care, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 1815 Laurelton Hall Lane, Winter Park, FL 32788.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 1815 Laurelton Hall Lane, Winter Park, FL 32788 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Wilfred Onyia.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Wilfred Onyia (AMBR)  
1815 Laurelton Hall Lane  
Winter Park, FL 32788

FIFTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on July 11th, 2019.

X Wilfred Onyia  
Wilfred Onyia

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JUL 11 2019

**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for Post Acute ID Care, LLC hereby voluntarily consent to serve as Registered Agent for Post Acute ID Care, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: July 11th, 2019

x Wilfred Onyia  
Wilfred Onyia

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TALLAHASSEE, FLORIDA