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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
NGPT HOME HEALTH LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2020 JUL -2 PM 1:00

20 JUL -2 PM 1:05

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NGPT HOME HEALTH LLC

(Must contain the words "Limited Liability Company," "LLC," 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:7001 SW 97 AVESTE: 204MIAMI, FL 33173SAME

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:

CRISTINA OBREGON

Name

7001 SW 97 AVE STE: 204Florida street address (P.O. Box NOT acceptable)MIAMIFL33173

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.

Cristina Obregon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Typed or printed name of signee

1111
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305