

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

ajoudai@affinityhealthmanagement.com
Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Affinity Care of Northeast Florida LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 FEB -3 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 FEB -3 AM 10:38

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Electronic Filing Menu

Corporate Filing Menu

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FEB 4 2021

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Affinity Care of Northeast Florida LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:7771 W. Oakland Park Blvd., Suite 150Sunrise, FL 33351-6705Mailing Address:2302 Quentin RoadBrooklyn, NY 11229

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:

Samuel Stern

Name

7771 W. Oakland Park Blvd., Suite 150Florida street address (P.O. Box **NOT** acceptable)SunriseFL33351-6705

City

State

Zip

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TALLAHASSEE, FLORIDA

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.

/S/ Samuel Stern

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Samuel Stern

7771 W. Oakland Park Blvd., Suite 150,

Sunrise, FL 33351-6705

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/S/ Samuel Stern

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.

Samuel Stern

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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