

2/3/2021

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Division of Corporations
Florida Department of State
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Electronic Filing Cover Sheet

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

From:
Account Name : USACORP INC.
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Phone : (718)362-4789
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****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 Pinellas County LLC

Certificate of Status	0
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Corporate Filing Menu

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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 Pinellas County 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:

Mailing Address:

7771 W. Oakland Park Blvd., Suite 150
Sunrise, FL 33351-6705

2302 Quentin Road
Brooklyn, 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 150

Florida street address (P.O. Box **NOT** acceptable)

Sunrise

FL

33351-6705

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..

/S/ Samuel Stern

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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