

4/22/2021

Division of Corporations

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

From: Account Name : THERREL BAISDEN, LLP
Account Number : 120140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

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

Email Address: nadaca@rogers.com

**FLORIDA LIMITED LIABILITY CO.
HELPING HAND MEDICAL SERVICES, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION
FOR
HELPING HAND MEDICAL SERVICES, LLC

ARTICLE I
Name

The name of the Limited Liability Company is **HELPING HAND MEDICAL SERVICES, LLC**.

ARTICLE II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: 18620 N. Bay Road, Sunny Isles Beach, FL 33160.

ARTICLE III
Existence; Duration

This limited liability company shall have a perpetual existence, unless dissolved according to law, effective as of the 22nd day of April, 2021.

ARTICLE IV
Registered Agent

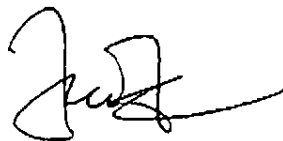
The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden LLP, SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131, and the name of the initial registered agent of the Limited Liability Company at that address is: Jonathan Feuerman, Esq.

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ARTICLE V
Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company. The name and address of the initial manager of this corporation is: **MARINA BAY INVEST, LLC**, a Delaware limited liability company, at: 3411 Silverside Road Tatnall Building, Suite 104, Wilmington, DE 19810.

The undersigned authorized representative of the members of **HELPING HAND MEDICAL SERVICES, LLC**, hereby executes these articles of organization on this 22nd day of April, 2021.



Jonathan Feuerman,
authorized representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT
IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **HELPING HAND
MEDICAL SERVICES, LLC.**
2. The name and the Florida street address of the registered
agent and office are:

Jonathan Feuerman, Esquire
Therrel Baisden LLP
SunTrust International Center
One S.E. 3rd Avenue, Suite 2950
Miami, Florida 33131

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.



Jonathan Feuerman

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OF FLORIDA

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