Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000265570 3)))



H210002655703ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

FLORIDA LIMITED LIABILITY CO. DAN HEALTH SOLUTIONS LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2821 JUL -9 AM 11:38

ARTICLES OF ORGANIZATION FOR

SECRETARY OF STATE

FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | - COMPANY |
|---|--|
| The name of the 1: | |
| The name of the Limited Liability Company is: | • |
| Dan Health Sol | |
| ARTICLE II - Address: | OTIONS LLC |
| The mailing address and street address of the prin | |
| Company is: | icipal office of the time. |
| | . Liability |
| - 8775 NW 108 | Ln Hialeah Gardens, |
| FL, 33018 | our dens, |
| | |
| | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered Agent. You must designate an with an active Florida registration.) | stered agent are: (The Limiten Liability individual or another business entity |
| Dania Garcia | |
| 8775 NW 108 CY | Hialeah Grardens |
| F1 33018 | 41000 |
| | |
| ARTICLE IV The name and title of each person authorized to man Liability Company: (MGR or AMBR) | nage and control the Limited |
| Davis | A |
| Dania Garcia | _AMBR |
| | |
| | |
| | |
| | |
| | |

Signature of a member or an authorized representative of a member.

In accordance with section 605-0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depart nent of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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 695, F.S..

Registered Agent's Signature (REQUIRED)

-9 AHII: 3