7/9/2021



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.

(((H210002658263)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

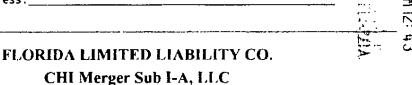
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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

Email Address:_



Certificate of Status Certified Copy 1 03 Page Count

Estimated Charge \$155.00

***HONOR ORIGINAL DATE 07-09-2 Electronic Filing Menu Corporate Filing Menu Help

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7/12/2021 11:21:34 AM PAGE 1/001 Fax Server



July 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: CHI MERGER SUB I-A, LLC

REF: W21000098970

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

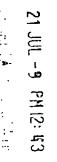
The managers name is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III FAX Aud. #: H21000265826 Letter Number: 321A00015827

HONOR ORIGINAL DATE 07-09-2021



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHI Merger Sub I-A, LLC

(Must contain 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:

remeipai Quice Augress;	Maning Address:
9725 NW 117th Ave	9725 NW 117th Ave
Miami, FL 33178	Miami, FL 33178
	

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.

T Corporation Sys	Name Name	
1200 South Pine Isl	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation,	Florida	33324

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. Ifurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

> C.T. Corporation System by Chris Rickard, Assistant Secretary Bv:

> > Registered Agent's Signature (REQUIRED)

(CONTINUED)

 $(\frac{1}{2})$

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member	Cano Health Inc.	
"MGR" = Manager	9725 NW 117th Ave	
AMBR and MGR	Miami FL 33178	
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	ا الماسية الله المراجع والدور وبيان ومود منذ ومساوي من ويان <u>بي ماسية برانية في مساوة البار والموارد ومراجع ورسيا</u>	
		
		
		
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- 5 5.00 Certificate of Status (Optional)