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To:

Division of Corporations

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Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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FLORIDA LIMITED LIABILITY CO. MAGNUM HEALTH GROUP LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ADTICUES
ARTICLE I - Name:
The name of the Limited Liability Company is:
ARTICLE II - Address:
MAGNUM Hoalth Lague
APTICLE II
ARTICLE II - Address: The mailing address:
The mailing address and street address of the principal office of the Limited Liability Company is:
The state of the minited Liability
- 200 W 40 + 1/0/ / T/
200 W 49 St Higlesh, FC 33012
ARTICLE III - Registered Agent, Registered Office:
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
·
Liliet Perez Hidalgo
200 W 49 St Higleah F1 33012
- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
ADTIGUE DATE
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
-Monthly Company. (MGR of AMBR)
in the second of
Liliet Pérez Hipalus (AMBR) 5
Liliel Perez HiDALLO (AMBR) 5
JUAN CARLOS Abreu (ANBR)
The state of the s
Seprick SAU (SOMZARZ (ANBR)
The contract of the contract o

Required Signatures:

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 perion 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 605 Arcs.

Registered Agent's Signature (REQUIRED)