

8/10/2021

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L2100030119134**

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

From:  
 Account Name : USACORP INC.  
 Account Number : I20130000019  
 Phone : (718)362-4789  
 Fax Number : (718)408-2550

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

Email Address: ajoudai@affinityhealthmanagement.com

### FLORIDA LIMITED LIABILITY CO.

#### Affinity Care of Marion LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021/10/10 AM 11:56

8/11/21  
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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 Marion 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:**7771 W. Oakland Park Blvd., Suite 150  
Sunrise FL 33351-6705**Mailing Address:**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 150Florida street address (P.O. Box **NOT** acceptable)SunriseFL33351-6705

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)

FILED  
 2021 AUG 10 PM 10:52  
 CLERK OF CIRCUIT COURT  
 IN AND FOR THE COUNTY OF DADE  
 FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Samuel Stern

138 Lakeside Dr East

Lawrence, NY 11559

AMBR

The Stern Family 2019 Trust

1273 Medina Ct

Lakewood, NJ 08701

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

/S/ Samuel Stern

**Signature of a member or an authorized representative of a member.**This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Samuel Stern

Typed or printed name of signer

**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**