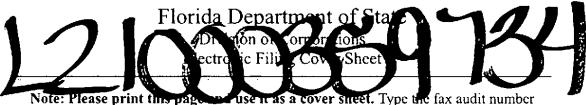
17184082550

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P: 1/3

8/10/2021

Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 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

120211: 10 KHH: 56

17184082550

From: 17184082550 To: 18506176381

P: 2/3

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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:

Mailing Address:

7771 W. Oakland Park Blvd., Suite 150 Sunrise FL 33351-6705 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 150

Florida street address (P.O. Box NOT acceptable)

 Sunrise
 FL
 33351-6705

 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)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Men	nber
"MGR" = Manager	Samuel Stern
AMBR	138 Lakeside Dr East
	Lawrence, NY 11559
AMBR	The Stern Family 2019 Trust
	1273 Medina Ct
	Lakewood, NJ 08701
	
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