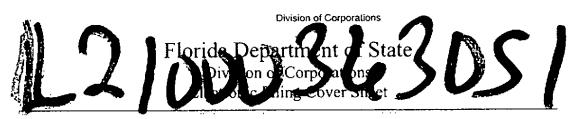
8/10/2021



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.

(((H21000301041 3)))



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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 : USACORP INC. Account Number : I20130000019

Phone Fax Number : (718)362-4789 : (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 Central Florida LLC

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

AUG 1 3 2021

T. SCOTT

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Affinity Care of Central Florida 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
 2302 Quentin Road

 Sunrise FL 33351-6705
 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 I | Park Blvd., Suite 150 | |
| Florida street addre | ess (P.O. Box <u>NOT</u> ac | eceptable) |
| Sunrisc | 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)

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as

(((H210003010413)))

| Title: | 1 | Name and Address: |
|--|---|--|
| "AMBR" = 7 "MGR" = M | Authorized Member | |
| AMBR | | Samuel Stern |
| | | 138 Lakeside Dr East |
| | | Lawrence, NY 11559 |
| AMBR | | The Stern Family 2019 Trust |
| | | 1273 Medina Ct |
| | | Lakewood, NJ 08701 |
| | | |
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| CLE V: Effection | nent if necessary) we date, if other than the date listed, the date must be so | of filing: |
| CLE V: Effective date is the of filing.) If the date insecument's effect | ve date, if other than the date listed, the date must be spe | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not |
| CLE V: Effective date is the of filing.) If the date insecument's effect CLE VI: Other p | ve date, if other than the date listed, the date must be sperted in this block does not mive date on the Department or ovisions, if any. SIGNATURE: | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not |
| CLE V: Effective date is the of filing.) If the date insecument's effect CLE VI: Other p | ve date, if other than the date listed, the date must be sperted in this block does not mive date on the Department or ovisions, if any. 2 SIGNATURE: /S/ Samuel Stern | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no of State's records. |
| CLE V: Effective date is the of filing.) If the date insecument's effect CLE VI: Other p | ve date, if other than the date listed, the date must be sperred in this block does not mive date on the Department or ovisions, if any. 2 SIGNATURE: /S/ Samuel Stern Signature of a me This document is execut I am aware that any false | ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no |
| CLE V: Effective date is the of filing.) If the date insecument's effect CLE VI: Other p | ve date, if other than the date listed, the date must be sperred in this block does not mive date on the Department or ovisions, if any. 2 SIGNATURE: /S/ Samuel Stern Signature of a me This document is execut I am aware that any false | mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)