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

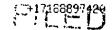
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Paradigm Clinical Services	
Certificate of Status	0
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Estimated Charge	\$125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 SEP -3 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE 1 - Name: The name of the Limited Liability Company is: Paradiem Clinical Services FL 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: 7000 W. Polmerto Park Road Suite 216 7000 W. Palmetto Park Road Suite 210 Boce Raton, F1. 33433 Boca Raton FL 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liebility 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 Plorida street address of the registered agent are:

Maribeth Arzola		
	Nairie	
554 Spinsaker		
Florida street addre	ss (P.O. Box <u>NOT</u> #	cceptable)
Weston	FL	33326
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 use 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.,

> Maribeth Arzola Registered Agent's Signature (REQUIRED)

> > (CONTENUED)

Page 1 of 2

ARTICLE IV-

Title:		Name and Address:	
	thorized Member	CHAIN SHIME CHAILESTA	
"MGR" = Man	nager		
AMBR		Paulino Flores	
		45 South Park Place # 357	
		Morristown, NJ 07960	
AMBR		Made 4 1-	
7.IIIII		Nydia Arzola	
		45 South Park Place # 357	
		Morristown, NJ 07960	
**********	th recensive value and the		

(Use attachmen LEV: Effective of fective date is lis	date, if other than the date of	filing: (OPTIONAL)	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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