

4/7/22, 9:51 AM

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
Community HealthCare Resources FL 00025, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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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

Name and Address:MGRTerry Watts2751 Enterprise Road, Suite 103Orange City, FL 32763AMBRCommunity HealthCare Resources, Inc.2550 Middle RoadBettendorf, IA 52722____________________

(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:**

DocuSigned by:

Terry WattsSUBSABLE 3001473
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.Terry Watts

Typed or printed name of signee

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