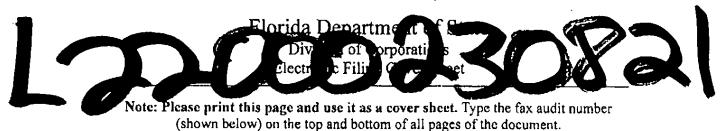
5/25/22, 1:19 PM

Division of Corporations



(((H22000185221 3)))



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

: ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone

: (800)906-9220

Fax Number

: (800)906-9880

\*\*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. AllMerge Healthcare Management, LLC

Certificate of Status	1
Ccrtified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000185221 3)))

ARTICLES OF ORGANIZATION FOR FLORI	DA UMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
AllMerge Healthcare Management, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
The mailing address and street address of the principal office o <u>Principal Office Address</u> :	Mailing Address:
	<del></del>
1878 Victory Boulevard	1878 Victory Boulevard
Staten Island, NY 10314	Staten Island, NY 10314
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Plorida registration.)	
The name and the Florida street address of the registered agent	gre-

street address of the registered agent are:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr. Suite A

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

Tallahassee FL 32301

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..

Steven Weigh , Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

MAY 26 PHII: 5

(((H22000185221 3)))

"AMBR" = A "MGR" = Ma	authorized Member Inager	Name and Address:
AMBR		Margarita Kaus
		1878 Victory Boulevard
	Staten Island, NY 10314	
	•	
<u> </u>	<del></del>	
	ent if necessary)	
ICLE V: Effective date is ate of filling.)  If the date insert ocument's effective difference in the content of	e date, if other than the da listed, the date must be s ted in this block does no ve date on the Departmen	
CLE V: Effective effective date is attended in the of filling.)  If the date inserpcoument's effective CLE VI: Other p	e date, if other than the da listed, the date must be s ted in this block does no ve date on the Departmen rovisions, if any.	specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be not of State's records.
CLE V: Effective date is attended of filling.)  The date insert occument's effective CLE VI: Other page 1	e date, if other than the da listed, the date must be s ted in this block does no ve date on the Departmen rovisions, if any.	specific and cannot be more than five business days prior to or 90 days truet the applicable statutory filing requirements, this date will not be not of State's records.

CABLE AND/OR VIDEO
FRANCHISING