

11/7/22, 12:36 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000380299 3)))



H220003802993ABC2

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 : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 7 AM 10:40

FILED

****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.
Parx CC Acquisition, LLC

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

2022 NOV 7 PM 1:48

Electronic Filing Menu

Corporate Filing Menu

F. BURCH
NOV 8 2022
Help

(((H22000380299 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parx CC Acquisition, LLC

(Must contain 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:1000 Gates Ave, 4th Fl, Brooklyn, NY 112211000 Gates Ave, 4th Fl, Brooklyn, NY 11221

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:

Leslie Liedy

Name

3019 Shannon Lakes Dr. North, Suite 204Florida street address (P.O. Box NOT acceptable)Tallahassee

FL

32309

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 1 AM 10:40

FILED

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..

Leslie Liedy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H22000380299 3)))

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:AMBRPARX HEALTH HOLDINGS LLC1000 Gates Ave, 4th FlBrooklyn, NY 11221SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 7 AM 10:40

FILED

(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:***Cheskel Spitzer***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.

Cheskel Spitzer

Typed or printed name of signer