la Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 Phone : (786)953-7449 Fax Number : (786)953-7450

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. CCG ACUTE CARE SERVICES LLC

Certificate of Status	()
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Electronic Filing Monu — Corporate Filing Menu

Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is: CCG ACUTE CARE SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is: 8251 W BROWARD BLVD SUITE 103
PLANTATION, FL. 33324

The mailing address of the Limited Liability Company is: 8251 W BROWARD BLVD SUITE 103 PLANTATION, FL. 33324

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

CCS

8251 W BROWARD BLVD SUITE 103

PLANTATION, FL. 33324

Having been named as a registered agent and to accept service of process of 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.

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR SIERRA ALPHA MEDICAL, PA 11134 NW 72ND PLACE PARKLAND, FL 33076

Title: AMBR ALHOMSI, PA 12174 NW 73RD STREET PARKLAND, FL. 33076

Title: AMBR TREMBITA, PA 10050 VINTAGE PLACE PARKLAND, FL 33076

Article VI

The effective date of this Limited Liability Company Shall be:

01/16/2024

Signature of member or an authorized representative:

Signature:	M Palacivs

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.