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ir	To:	

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. LARGA VIDA HOME HEALTH LLC

Certificate of Status	1
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	T	_	M.
Thomas	E	-	rame:

The name of the Limited Liability Company is:

Γ—γ ω.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability
of the Limited Liability
- 1665 NW 25 at
suite 105.
Miani F1 23100
AND REPORT A
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limite: Lichilmy with an active Florida registration.)
an active Florida registration) Tou must designate an individual or another husiness and
Orlicheo Corvascil
7775 NW 75 ST SVILLE
- Man FL 30122 FE F
ARTICLE IV The name and this is
Liability Company: (MGR or AMBR)
Tol. Oll
Felix Alborto Abuilora AMBA
Orlidio Carvasal AMBR
AM DA

EIN: 99-0776502

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated it erein are true. 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.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

SECRETASSE OF STATE