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LAZARIUS CORPORATE

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA LIMITED LIABILITY CO.
ASIS REHAB & MEDICAL CENTER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS

2024 JUL 15 PM 2:00

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DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASIS REHAB & MEDICAL CENTER
LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7801 Coral way suite 121
MIAMI FL 33155

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

JOSE ANTONIO HERNANDEZ CARABALLO
7801 CORAL WAY suite 121
MIAMI FL 33155

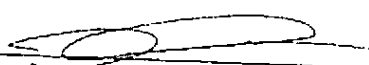
ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

JOSE ANTONIO HERNANDEZ CARABALLO
MGR

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DIVISION OF CORPORATE
REGISTRATION
JUL 15 PM 2:08

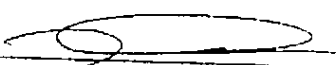
EIN: 99-3970635

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 herein 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.

JOSE ANTONIO HERNANDEZ CARABALLO
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)