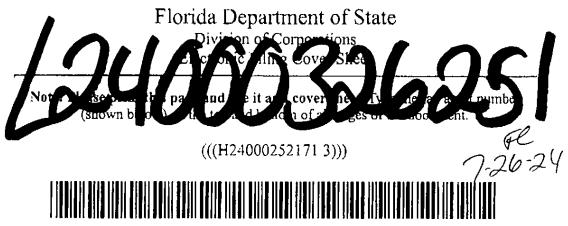
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CS SUNBIZ, LLC Account Number : 120040000164 Phone : (407)691-5600 : (407)691-5620

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: kwhite@ahg-group.com

FLORIDA LIMITED LIABILITY CO. MCK North Michigan, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MCK NORTH MICHIGAN, 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:

700 WEST MORSE BOULEVARD	700 WEST MORSE BOULEVARD
SUITE 220	SUITE 220
WINTER PARK, FLORIDA 32789	WINTER PARK, FLORIDA 32789

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:

CS SUNBIZ, LLC		
	Name	
700 WEST MORSE	BOULEVARD, SUIT	E 220
Florida street address	(P.O. Box NOT acce	ptable)
WINTER PARK	FLORIDA	32789
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..

Sarah Hampion :

Trookegistered Agent's Signature (REQUIRED)

(CONTINUED)

Docusign Envolope ID: ADBB9727-99A8-46A2-BFF1-F7E3DCA932A3

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A	D	TI	CI	F	IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Memb "MGR" = Manager	er
"MGR" = Manager	
MGR	MARY KENNY
	700 WEST MORSE BOULEVARD, SUITE 220
	WINTER PARK, FLORIDA 32789
	*** <u> </u>
(Use attachment if necessary)	
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