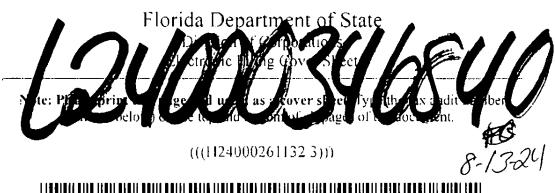
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Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NES TAX & ACCOUNTING, LLC

Account Number : I20230000125 Phone : (954)399-3966 : (954)206-0451 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: nidia@nestaxpro.com

FLORIDA LIMITED LIABILITY CO. EDELMAN HEALTH, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Help

From: Nidia Skokanic

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
EDELMAN HEALTH, LLC	
(Must contain the words "Limited Liabi	lity 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
150 S PINE ISLAND RD STE 351	150 S PINE ISLAND RD STE 351
DE AND ATTION DE 2221	DEANTATION DE 12221

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

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

another business entity with an active Florida registration.)

NINA EUELMAN Name

8966 SW 49TH CT
Florida street address (P.O. Box NOT acceptable)

 COOPER CITY
 FL
 33328

 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. Thereby 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 teglitered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

\$ 30,00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) (((H240002611323)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	AUACA PER PARAMA	
AMBR	NINA EDELMAN 8966 SW 49TH CT	
	DAVIE, FL 33328	
AMBR	PHILIP EDELMAN	
	8966 SW 49TH CT	<u> </u>
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		<u> 5</u>
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