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Division of Corporations

Florida Department of State

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
 Fax Number : (954)206-0451

****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
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDELMAN HEALTH, 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:150 S PINE ISLAND RD STE 351
PLANTATION, FL 33324Mailing Address:150 S PINE ISLAND RD STE 351
PLANTATION, FL 33324

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:

NINA EDELMAN

Name

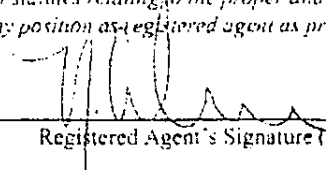
8966 SW 49TH CTFlorida street address (P.O. Box **NOT** acceptable)COOPER CITYFL33328

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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