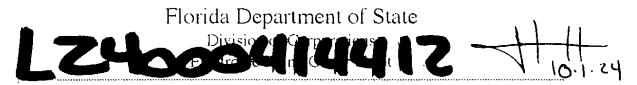
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

Account Number : I20220000066

Account Name : CHISHOLM LAW FIRM, PLLC

Phone : (407)674-2657 Fax Number : (888)545-5919

fi£er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Oceana Cares, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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COVER LETTER

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SUBJE	erer.	OCEANA	CARES. LLC				
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The en	close	d Articles of	Organization and f	ee(s) are	e submitted	for filing.	
Please	returr	all correspo	ondence concerning	this ma	itter to the	following.	
		Breanna M	cCarthy				
	-				Name of	Person	
		Chisholm L	aw Firm, PLLC				
	-				Firm/Co	mpany	
	;	37 N Orang	e Ave., Suite 500)			
	-				Addr	ess	
	1	Orlando, Fl	orida 32801				
	-			C	ity/State an	d Zip Code	
	_	E	E-mail address. (to)	ne used	for future a	nnual report notificati	on)
·. For furth	er inf	ormation cor	ncerning this matter	, please	call.		
•	E	Breanna Mc	Carthy	4(_at ()7	674-2657	
	_	Nam	e of Person			Daytime Telephon	e Number
Enclose	ed is a	ı check for th	ne following amoun	t.			
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: .		New Fi Divisio P.O. Bo	ling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is.

OCEANA CARES, 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:

2828 S Seacrest Blvd. Suite 208 Boynton Beach, FL 33435

2828 S Seacrest Blvd. Suite 208 Boynton Beach, FL 33435

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.

Youssel Motti		
	Name	
2828 S Seacrest Bly	rd. Suite 208	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Boynton Beach	FL	33435
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)

		Name and Address:				
"AMBR" = Autho	rized Member					
"MGR" = Manage	1					
AMBR		OCEANA COMMUNITY HEALTH, INC				
7401201		2828 S Seacrest Blvd. Suite 208				
		Boynton Beach, FL 33435				
•						
(Use attachment if	nacacearu)					
(Osc attachment ii	necessary)					
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Filing Fees:

Typed or printed name of signee

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.\$17.155, F.S.

S 5.00 Certificate of Status (Optional)

Yousset Motti

SELRETARY OF STATIONS NOTE IN SECURIORS OF COMPONENT OF A SEP 30 AM 12: 41