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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter 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. **Debary Medical JC LLC**

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Help

H24000346111 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

Debary Medical JC LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

410

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

Principal Office Address:

Mailing Address:

2870-A S. INGRAM MILL RD SPRINGFIELD, MO 65804 2870-A S. INGRAM MILL RD SPRINGFIELD, MO 65804

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:

Capitol Corporate Services, Inc.

Name

515 E Park Ave, 2nd Floor

Florida street address (P.O. Box NOT acceptable)

TallahasseeFL32301CityStateZip

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..

Lim Tadlock

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

24 OCT 16 PM 7: 22

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Curtis A. Jared 2870-A S. INGRAM MILL RD SPRINGFIELD, MO 65804
(Use attachment if necessary)	•
Nective date is listed, the date must of filing.) If the date inserted in this block does	be date of filing:
Rective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 d s not meet the applicable statutory filing requirements, this date will not b
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Cupy (Optional)
\$ 5.00 Certifients of States (Control of States (Cont

\$ 5,00 Certificate of Status (Optional)

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