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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
The name of the Emilieur Emilian	ny Company is.			
CUTLER BAY HO	ME HEALTH OPCO LLO	-		_
(Must con	tain the words "Limited L	iability Company	', "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal of	fice of the Limite	d Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
19301 SW 87TH AV CUTLER BAY, FL			CHESTNUT RIDGE RD, SUITE 107 DNTVALE, NJ 07645	2025
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own I active Florida registration address of the registered	Registered Agent.  agent are:	ent's Signature: . You must designate an individual or	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NUCO FILINGS COF	RP. Name		
	155 OFFICE PLAZA Florida street address		nogantuhlu)	
	riorida street address	(F.O. Box <u>MOT</u>	acceptable)	
	TALLAHASSEE	FL.	32301	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	r. I hereby accept the appo rovisions of all statutes rel bligations of my position a IS/E	iniment as registed ating to the propers registered agent	ne above stated limited liability company red agent and agree to act in this capacter and complete performance of my duties as provided for in Chapter 605, F.S  FELBAUM  htture (REQUIRED)	w. T

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(CONTINUED)

### ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR — Manager	BETZALEL SHMUEL DET 50 CHESTNUT RIDGE RD MONTVALE, NJ 07645	. SUITE 107
		<u>.</u>
		• • • • • • • • • • • • • • • • • • • •
(Use attachment if necessary)		17
RTICLE V: Effective date, if other than the can effective date is listed, the date must be edate of filing.)  ote: If the date inserted in this block does not be document's effective date on the Departm	e specific and cannot be more than to not meet the applicable statutory filing	five business days prior to or 90 days afte
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
/	S/ELLIOTT TEITELBAUM	
This document is ex I am aware that any i	member or an authorized represe ecuted in accordance with section 60 false information submitted in a docu- gree felony as provided for in s.817.	5.0203 (1) (b), Florida Statutes, ment to the Department of State

ELLIOTT TEITELBAUM

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)