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Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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chiodoinc@aol.com Email Address:

Merideth J. Bidner LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	ALMEDICAL METOD WEST
	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3672 NE 200th Street Aventura, FL 33180	3672 NE 200th Street Aventura, FL 33180
Aveillula, i L 55 160	Aventura, FL 33100
(The Limited Liability Company cannot servanother business entity with an active Florid	a registration.)
	e as its own Registered Agent. You must designate an individual a registration.)  ne registered agent are:
(The Limited Liability Company cannot servanother business entity with an active Florida.)  The name and the Florida street address of talendary Merideth Bidness.	e as its own Registered Agent. You must designate an individual a registration.)  ne registered agent are:  Name
(The Limited Liability Company cannot servanother business entity with an active Florida.)  The name and the Florida street address of table Merideth Bidne.  3672 NE 200th	e as its own Registered Agent. You must designate an individual a registration.)  ne registered agent are:  Name
(The Limited Liability Company cannot servanother business entity with an active Florida.)  The name and the Florida street address of table Merideth Bidne.  3672 NE 200th	e as its own Registered Agent. You must designate an individual a registration.)  ne registered agent are:  Name  Street

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Merideth Bidner

Page 1 of 2

DIVISIONE TARY OF 11.000009436 H25000009436

H25000009436

	Name and Address:
AMBR" = Authorized Member MGR" = Manager MGR	Merideth Bidner
	3672 NE 200th Street Aventura, FL 33180
<del></del>	
Use attachment if necessary)	
ctive date is listed, the date must be specif	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90
filling.)	
<i>5</i> ,	
VI: Other provisions, if any.	
VI: Other provisions, if any.	tolitier
Signature of a memb (In accordance with section 605 constitutes an affirmation under I am aware that any false infor-	per or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)