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April 9, 1996

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

VIA FEDERAL EXPRESS

Re: American Health Resources, LLC

Gentlemen:

Enclosed please find the following documents for filing with your office:

1. Articles of Organization
2. Affidavit of Membership and Contributions
3. Certificate of Designation of Registered Agent
4. Check in the amount of \$285 for filing fees

Thank you.

Very truly yours,


Michael Moskowitz

MM/jw

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 10 PM 12:10

5/11
4/11

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

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DIVISION OF CORPORATIONS
96 APR 10 PM 12:10

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Health Resources, LLC

ARTICLE II - Address:

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

American Health Resources, LLC
21394 Marina Cove Circle #H11
North Miami Beach, FL 33180

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

March 31, 2025

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Leslie Munsell
2 Gannett Drive
White Plains, NY

Burt Dubbin
2 Gannett Drive
White Plains, NY

William Kedersha
21394 Marina Cove Circle #H11
North Miami Beach, FL 33180

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Except as otherwise provided in the Articles of Organization, no person may be admitted as a member unless each member consents in writing to the admission of the additional member.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Upon the occurrence of any event which terminates the continued membership of a member in the Limited Liability Company, the remaining members upon a unanimous vote, may elect to continue the business of the Limited Liability Company.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

American Health Resources, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0- . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,000.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

American Health Resources, LLC

2. The name and address of the registered agent and office is:

William Kederasha

(Name)

21394 Marina Cove Circle #H11

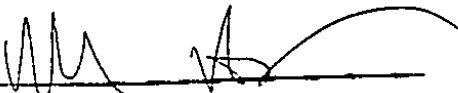
(P.O. Box not acceptable)

North Miami Beach, FL 33180

(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 10 PM 12:10

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.


(Signature)

4/7/96
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent