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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4003

FROM: ACE INDUSTRIES, INC.
CONTACT: PAM FRIEDMAN
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NAME: AATLANTIS PREFERRED HEALTHCARE, LLC

AUDIT NUMBER.....H98000017006

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....0

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09-11-1998 13:39

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY
H98-17006

NAME OF LIMITED LIABILITY COMPANY: AATLANTIS PREFERRED HEALTHCARE, LLC

THE DURATION OF THIS COMPANY IS: PERPETUAL

THE MAILING ADDRESS OF THIS COMPANY IS: 3171 SAN BERNADINO ROAD
CLEARWATER, FL 33759

THE PRINCIPAL OFFICE ADDRESS OF THIS COMPANY IS:

3171 SAN BERNADINO ROAD
CLEARWATER, FL 33759

THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

☒ MEMBERS

☐ MANAGERS

THE NAMES AND ADDRESS OF THE MEMBERS OR MANAGERS ARE AS FOLLOWS:

MICHAEL J. McGUINNESS, 3171 SAN BERNADINO ROAD, CLEARWATER, FL 33759

RICK LaBARBERA, 3171 SAN BERNADION ROAD, CLEARWATER, FL 33759

EFFECTIVE DATE UPON FILING WITH THE SECRETARY OF STATE.

Michael J. McGuinness

SIGNATURE OF:
(SIGNATURE IS OF MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE)

PREPARED BY ACE INDUSTRIES, 54 NW 11th STREET, MIAMI, FL 33136
(305)358-2571

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H98-17006 **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 STATE-
MENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.

- 1) The name of the limited liability company is:
AATLANTIS PREFERRED HEALTHCARE, LLC

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

MICHAEL J. MCGUINNESS

Name

3171 SAN BERNADINO ROAD

Address (P.O. Box NOT acceptable)

CLEARWATER, FL 33759

City / State / Zip

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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.

Atty. J. McGinness

Signature

09/11/98

Date

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

H98-17006

The undersigned member or authorized representative of a member
of AATLANTIS PREFERRED HEALTHCARE, 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 \$ \$1.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ \$0.00. 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
\$ \$1.00. This total includes amounts from 2 and 3 above.

Mark J. McGinnis

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.)

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FILING FEE: \$250 for Articles of Organization and Affidavit