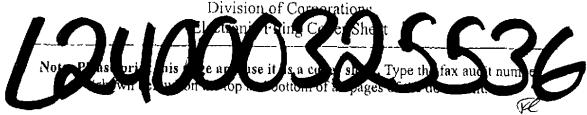
Florida Department of State



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	Division of Corporations	1.3- N
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	Account Number : 120030000043	F 5
	Phone : (800)342-9856	FILE
	Fax Number : (800)354-3381	1-1

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FLORIDA LIMITED LIABILITY CO. RC HEALTH LLC

Certificate of Status	0
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No. 1610 F. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RC HE	ALTH LLC		
(Must contai	n the words "Limited Liabi	lity Company, "L	L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
IUTICLE II - Address:				
e mailing address and street add	ress of the principal office	of the Limited Lie	bility Company is:	
Principal	Office Address:		Mailing Addres	ess:
	89TH STREET		389 EAST 89TH STRI	REET
AF	T 27B	-		
		· —	APT 27B	
NEW YOR THE III - Registered Agen the Limited Liability Company or	K, NY 10128 t, Registered Office, & Re annot serve as its own Regi	gistered Agent's stered Agent. You	NEW YORK, NY 101	
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Having been named as registered agent and to accept service of process for the above stated limited Hability 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.

/s/ MELISSA MOREAU ASSIST. SECRETARY
Registered Agent's Signature (REQUIRED)

(CONTINUED)

121000 0-100112

<u>Title:</u> "AMBR" = Aut "MGR" = Mana	horized Member ger	Name and Address;
MGR	<u> </u>	ROBERT COPELAND-HALPERIN 389 BAST 89TH STREET APT, 27B
	•	389 BAST 89TH STREET AP1, 27B NEW YORK, NY 10128
	-	NEW YORK, NY 10126
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