

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L01000000733B

ARA-Sun City Dialysis LLC

0

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Dissolution/Withdrawal

☐ Mark

☐ Foreign

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC

☐ Name Registration

☐ Change of RA

☐ Certified Copy

☐ Fictitious Name

☐ UCC

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

01 MAY - 9 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Name

5/9/01

Order#: 4315141

Availability

700004190907--1

Document

-05/09/01--01066--012

Examiner

****125.00 ****125.00

Updater

Ref#:

Verifier

W.P. Verifier

Amount: \$

JB
5-9-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARA-Sun City Dialysis LLC

ARTICLE II - Address:

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

5 Cherry Hill Drive, Danvers, Massachusetts 01923

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

C T Corporation System	
Name	
c/o CT Corporation System, 1200 South Pine Island Road	
Florida street address (P.O. Box NOT acceptable)	
Plantation	FL 33324
City, State, and Zip	

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 as provided for in Chapter 608, F.S..

Amy Berlete C T Corporation System
AMY BERTELETTI
Registered Agent's Signature SPECIAL ASSISTANT SECRETARY

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Lawrence I. Silverstein
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lawrence I. Silverstein, Authorized Representative
Typed or printed name of signer

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

APPROVED
AND
FILED
01 MAY -9 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA