

Division of Corporations

08000020262

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000049741 3)))



H080000497413ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: **AMY J. PATTERSON**
Account Name : SERVANT HEALTHCARE INVESTMENTS, LLC
Account Number : I20070000103
Phone : (407) 999-2439
Fax Number : (407) 999-5210

2008 FEB 26 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

08 FEB 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Servant Healthcare Investments (Tyrone), LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

T. CLINE

FEB 27 2008

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

**ARTICLES OF ORGANIZATION
OF**

SERVANT HEALTHCARE INVESTMENTS (TYRONE), LLC

ARTICLE I - NAME

The name of this limited liability company is Servant Healthcare Investments (Tyronne), LLC, (the "Company").

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

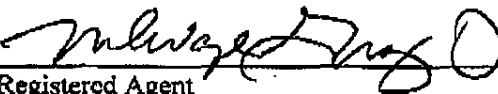
The street address and the mailing address of the Company shall be 1000 Legion Place, Suite 1650, Orlando, FL 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 201 E. Pine Street, Suite 500, Orlando, FL 32801, and the name of the initial registered agent of the Company at that address is N. Dwayne Gray, Jr., Esq.

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above, I hereby accept the appointment as registered agent and agree to act in such capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and represent I am familiar with, and accept the obligations of, my position as registered agent as provided for in Chapter 608, Florida Statutes.


Registered Agent

2008 FEB 26 AM 8:31

FILED

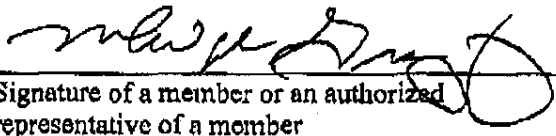
ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

Manager

Servant Healthcare Investments, LLC
1000 Legion Place, Suite 1650
Orlando, Florida 32801



Signature of a member or an authorized
representative of a member

N. Dwayne Gray, Jr.

Printed Name:

FILED
2008 FEB 26 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA