

L13000054 126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

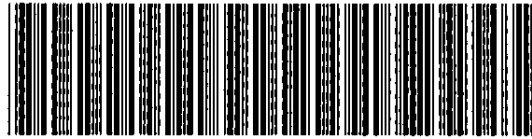
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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2013 APR 12 AM 10:26  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N. Cuffigan APR 15 2013

Holland & Knight

Requester's Name  
315 South Calhoun Street, suite 600

Address  
Tallahassee, FL 32301 (850)425-5686

City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Palm Garden Healthcare Holdings, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_  
 Mail out       Will wait       Photocopy       Certified Copy  
 Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials

**PALM GARDEN HEALTHCARE HOLDINGS, LLC  
ARTICLES OF ORGANIZATION**

The undersigned, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I. NAME**

The name of the limited liability company is PALM GARDEN HEALTHCARE HOLDINGS, LLC (the "Company").

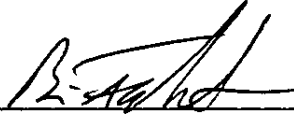
**ARTICLE II. ADDRESS**

The Company's mailing address and the street address of its principal office is: 2033 Main Street, Suite 300, Sarasota, FL 34237.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The Company designates 2033 Main Street, Suite 300, Sarasota, FL 34237 as the street address of the initial registered office of the Company and names Brian Fuhrmeister as the Company's initial registered agent at that address to accept service of process within this state.

Dated this 11<sup>th</sup> day of April, 2013

By:   
Brian Fuhrmeister  
as its Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 12 AM 10:26


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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Palm Garden Healthcare Holdings, LLC.
2. The name and address of the registered agent and office are:

Brian Fuhrmeister  
2033 Main Street, Suite 300  
Sarasota, FL 34237

By:   
\_\_\_\_\_  
Brian Fuhrmeister  
as its Authorized Representative

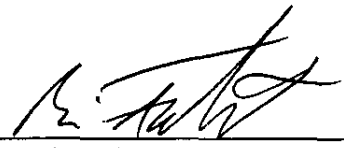
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TALLAHASSEE, FLORIDA

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**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I accept the appointment as registered agent and agree to act in that 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.

  
\_\_\_\_\_  
Brian Fuhrmeister  
Registered Agent  
Dated: April 11, 2013