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(Re	equestor's Name)	······································
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	: ; Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

то:	Registration Se Division of Co				
SUBJE	·CT·	1100, LLC			
SOBJE		(Name of Limite	d Liability Company)		
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	Richa	ard L. Hardy			
		(Name of Person)		
•		(Firm/Company)		
,	1200	Plantation Islan	d Dr., Ste 120 (Address)		
	St. Z	Augustine, FL 32	2080		
		(City	/State and Zip Code)		<u> </u>
For fur	ther information	concerning this matter, please	call:		ECRETARY LLAHASSE
_Ric	chard L Ha	ardy of Person)	at (904) 471 (Area Code & Daytime To	5800	mo .
Enclos	•	or the following amount:	(Alex Code & Daytine 10	nephone (valueer)	F STATE
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 File Certificate of S Certified Copy (additional copy is	tatus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, EL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	18	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1100, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1200 Plantation Island Dr	1200 Plantation Island Drive
Suite 120	Suite 120
St. Augustine, FL 32080	St. Augustine, FL 32080

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Richard L. Hardy	2007 SEC
Name	TO ITS MARKET
1200 Plantation Island Dr., Ste 120	PR 30 ETARY
Florida street address (P.O. Box NOT acceptable)	Land American
St. Augustine FL 32080	
City, State, and Zip	D IZ: 5: STATE L'ORID

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

		Name an	d Address:			
"MGR" = Manager "MGRM" = Managin	g Member					
		SEE	ATTACHED	ARTICLE	IV	
					_ 	
			. 			
		<u></u>				
(Use attachment if ne	cessary)					
LE V: Effective date,	if other than the da	ate of filing:			. (OPTIO	NAL)
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CLE V: Effective date, iffective date is listed, to days after the date of REQUIRED SIGNA Sign (In a of the date)	if other than the date must be so filling.)	on 608.408(3), tes an affirmati	ed representatives	ve of a member	SEGRETARY OF TALLAHASSEE,	days p

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber
MGRM	Ihomas A. Rarnard, M.D.
	2639 Oak Street Jacksonville, FL 32204
MGRM .	William J. Dunn, M.D.
	2639 Oak Street Jacksonville, FL 32204
MGRM	Elias C. Mavrofrides, M.D. 2639 Oak Street
	Jacksonville, FL 32204
MGRM	Raul J. Moreno, M.D.
······································	2639 Dak Street
	Jacksonville, FL 32204
MGRM	James A. Staman, M.D.
rigit.	2639 Oak Street
	Jacksonville, Fl 32204
MGRM	John P. Sullivan, M.D.
	2639 Dak Street Jacksonville, FL 32204
MGRM	
PIGRA	Yanet Pantaleon 1200 Plantation Island Dr., Ste 120
	St. Augustine, FL 32080
MGR	Richard L. Hardy
	1200 Plantation Island Dr. Ste 120 St. Augustine, FL 32080
	St. Augustine, FL 32080 ARE
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