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ACCOUNT NO. : 072100000032

REFERENCE : ~~619221~~ 83577A

AUTHORIZATION :

COST LIMIT : \$ ~~PPD~~ 155.00

ORDER DATE : March 9, 2000.

ORDER TIME : 4:44 PM

ORDER NO. : 619221-005

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CUSTOMER NO: 83577A

CUSTOMER: E. Glenn Tucker, Esq
RHODES & TUCKER
RHODES & TUCKER
Suite 204
950 North Collier Boulevard
Marco Island, FL 34145

DOMESTIC FILING

NAME: FLORIDA HEALTH ACADEMY -
NAPLES, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
 _____ PLAIN STAMPED COPY
 _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

FILED
00 MAR 10 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 MAR 10 AM 9:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

INITIALS:



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 10, 2000

JANNA WILSON
CSC

SUBJECT: FLORIDA HEALTH ACADEMY NAPLES, L.L.C.
Ref. Number: W00000006507

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA HEALTH ACADEMY NAPLES, L.L.C. and check(s) totaling \$337.50. However, your check(s) and document are being returned for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please delete the affidavit information be sure to leave the signature of member.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 600A000138

RECEIVED
00 MAR 15 AM 11: 25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESUBMIT
Please give original
submission date.
date.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA HEALTH ACADEMY - NAPLES, L.L.C.

ARTICLE II - Address:

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

261 9th Street S.
Naples, Florida 34102

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Anita Gregg
261 9th Street S.
Naples, Florida 34102

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A

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ARTICLE VI -Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Any actions necessary to wind up the affairs of the limited liability company.

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Signature of a member or an authorized representative of a member.

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

E. GLENN TUCKER

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

_____ FLORIDA HEALTH ACADEMY - NAPLES, L.L.C. _____

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

_____ E. GLENN TUCKER _____

NAME

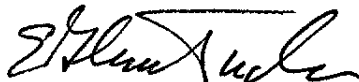
SunTrust Centre, Suite 204
950 North Collier Blvd.

_____ Florida street address (P. O. Box NOT ACCEPTABLE) _____

_____ Marco Island FL 34145 _____

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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA