

4000000003679

LAW OFFICES
DELL GRAHAM, P.A.
POST OFFICE BOX 850
GAINESVILLE, FLORIDA 32602
(352) 372-4381
(FAX) 376-7415

W. HENRY BARBER, JR.
JOHN D. JOPLING*
CARL B. SCHWAIT*
ELLEN R. GERSHOW†
KAREN K. SPECIE**

DAVID A. CORNELL
DAVID M. DELANEY
WILLIAM R. ABRAMS

* BOARD CERTIFIED CIVIL TRIAL LAWYER
** ALSO MEMBER OF NEW YORK BAR
† BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES

L. WILLIAM GRAHAM
RETIRED

JOE C. WILLCOX
RETIRED

SAM T. DELL
(1912-1992)

203 N. E. 1ST STREET
GAINESVILLE, FL 32601

March 28, 2000

400003188684--5
-03/29/00--01065--001
***375.00 ***125.00

Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

Gentlemen:

Enclosed are two copies of Articles of Organization of FTA ALACHUA, L.C., FTALJ PALATKA, L.C., FT 720 BUILDING SUITE 250, L.C., FTA TRENTON, L.C., and FTA 720 BUILDING SUITE 252, L.C. and checks to cover the filing fees. Please return copies of the Articles showing the filing date. Thank you.

Yours very truly,

Katie Moore

Katie Moore, Secretary
to Mrs. Gershow

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
001MAR 29 PM12:00

MJH

Articles of Organization of FTALJ PALATKA, L.C.

ARTICLE I - NAME

The name of this Limited Liability Company shall be FTALJ PALATKA, L.C.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual.

ARTICLE III - PURPOSE

The nature of the business to be transacted by this Limited Liability Company and the purpose hereof is to acquire, own, develop, finance, lease, sell, or otherwise dispose of real property and to engage in any other lawful business or endeavor.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The initial street address of the principal office of this Limited Liability Company in the State of Florida and the mailing address is 711 S. W. 88th Terrace, Gainesville, Florida 32607, which is the initial registered office of the Limited Liability Company.

ARTICLE V - NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and street address of the initial registered agent in this state for this Limited Liability Company is Gordon C. Finlayson, M.D., 711 S. W. 88th Terrace, Gainesville, Florida 32607.

ARTICLE VI - ADDITIONAL MEMBERS

New members may be admitted upon the unanimous vote of the members.

ARTICLE VII – CONTINUATION OF BUSINESS

The remaining members of the Limited Liability Company may continue the business of the Limited Liability Company upon 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 upon majority vote.

ARTICLE VIII - MANAGEMENT BY MEMBERS

Management of the Limited Liability Company shall be by the Managing Members. The names and addresses of the Managing Members are:

Gordon C. Finlayson, M.D.

711 S. W. 88th Terrace
Gainesville, Florida 32607

Darrell G. Tarrant, M.D.

6131 N. W. 13th Place
Gainesville, Florida 32605

Paul A. Alfino, M.D.

4228 S. W. 78th Street
Gainesville, Florida 32608

Paul D. Jayachandra, M.D.

301 Health Park Boulevard
Anderson Gibbs Building, Suite 214
St. Augustine, Florida 32086

Carlos E. Lopez-Nieto, M.D.

8214 S. W. 16th Place
Gainesville, Florida 32607

ARTICLE IX- OPERATING AGREEMENT

The power to adopt, alter, amend, and repeal the Operating Agreement is vested in the Managing Members.

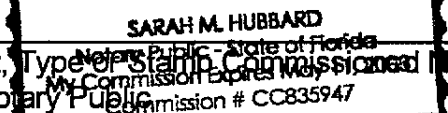
At Gainesville, Florida, this 21st day of March, 2000.

Gordon C. Finlayson, M.D.
Gordon C. Finlayson, M.D.

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 21st day of March, 2000, by Gordon C. Finlayson, M.D.

Sarah M. Hubbard
Notary Public, State of Florida at Large

A rectangular notary seal stamp for Sarah M. Hubbard, Notary Public - State of Florida. It includes the text "Print, Type or Stamp Commissioned Name of Notary Public" and "My Commission Expires May" followed by "Commission # CC835947".
SARAH M. HUBBARD
Notary Public - State of Florida
Print, Type or Stamp Commissioned Name
of Notary Public
My Commission Expires May
Commission # CC835947

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced:

- ☐ Current Florida Driver's License
☐ Other _____

ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT

I HEREBY ACCEPT appointment as Registered Agent for FTALJ PALATKA, L.C., on whom process may be served in the State of Florida. I am familiar with and accept the duties and responsibilities as Registered Agent for said limited liability company, all pursuant to Florida Statutes 608.415.

DATED this 21ST day of March, 2000.


Gordon C. Finlayson, M.D.
Registered Agent