

L000000012799



ACCOUNT NO. : 072100000032

REFERENCE : 869170 4320758

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 155.00

ORDER DATE : October 19, 2000

ORDER TIME : 12:19 PM

ORDER NO. : 869170-005

CUSTOMER NO: 4320758

400003432514--8

CUSTOMER: Ms. Deborah Davison
Seyfarth Shaw

Suite 700
1545 Peachtree Street, N.e.
Atlanta, GA 30309

DOMESTIC FILING

NAME: HEALTHAMERICA REALTY GROUP OF
FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135
EXAMINER'S INITIALS:

APPROVED
AND
FILED
00 OCT 19 PM 2:42
SECRETARY OF
STATE
TALLAHASSEE, FLORIDA
JB
10-19-00

DIVISION OF CORPORATION

00 OCT 19 PM 1:39

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HealthAmerica Realty Group of Florida, LLC

ARTICLE II - Address:

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

Fifteen Piedmont Center, Suite 600, Atlanta, GA 30305

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

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

Corporation Service Company		
Name		
1201 Hays Street		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Tallahassee	FL	32301
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 as provided for in Chapter 608, F.S..

 **BRIAN COURTNEY, ASST. V.P.**

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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

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

James H. Kaminer, Jr.

Typed or printed name of signer

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

00 OCT 19 PM 2:42
TALLAHASSEE, FLORIDA

APPROPRIATE
FEE
\$100