Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : CORPORATE CREATIONS CHICAGO, L.L.C

Account Number: 110450001334
Phone: (773)935-3920
Fax Number: (773)935-4020

LIMITED LIABILITY COMPANY

South Florida Acute Care, L.L.C.

Certificate of Status	
Certified Copy	0
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## ARTICLES OF ORGANIZATION

for

## SOUTH FLORIDA ACUTE CARE, L.L.C.

A Florida Limited Liability Company

ARTICLE I - Name

The name of the Limited Liability Company is:

South Florida Acute Care, L.L.C.

ARTICLE II - Address

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

> 3191 Coral Way, Suite 303 Miami, Florida 33145

ARTICLE III - Duration

The period of duration for the Limited Liability Company is:

Perpetual

ARTICLE IV - Management

The Limited Liability Company is a manager-managed company.

ARTICLE V - Initial Registered Agent and Office

The name of the initial registered agent and the Florida street address of the initial

registered office is:

Steven Zaffos 16480 S. Post Road #104 Weston, Florida 33331

Signature of Steven Zaffos, Member

NU. 282

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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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

South Florida Acute Care, L.L.C.

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

Steven Zaffos 16480 S. Post Road #104 Weston, Florida 33331

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.

Staven Taffine

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