



THE UNITED STATE
CORPORATION
COMPANY

L010000003011

ACCOUNT NO. : 072100000032

REFERENCE : 070207 7230052

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pigots

ORDER DATE : March 7, 2001

ORDER TIME : 3:31 PM

ORDER NO. : 070207-001

CUSTOMER NO: 7230052

400003820014--9

CUSTOMER: Mr. Fraser Burns-7230052
Mr. Fraser Burns

103050 Autumn River Rd. South

Jacksonville, FL 32224

DOMESTIC FILING

NAME: HEALTH FLEET, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

VB
3-9-01

RECEIVED
01 MAR -8 PM 4:43
DIVISION OF CORPORATION

04/11 P-9 AM 8:15

DEPARTMENT OF STATE
DIVISION OF CORPORATION
JACKSONVILLE, FLORIDA

ARTICLE
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTH FLEET, LLC

ARTICLE II - Address:

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

P.O. BOX 1559, PONTE VEDRA BEACH, FLORIDA 32004

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

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

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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..

Corporation Service Company

By: Laura R. Dunlap
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)

Laura R. Dunlap
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.)

LAURA R. DUNLAP
Typed or printed name of signee

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)

01 MAR -8 AM 8:15
RECEIVED
TALLAHASSEE, FLORIDA

MEMBERS OF:

HEALTH FLEET, LLC

Fraser C. Burns
Member

P.O. Box 1559
Ponte Vedra Beach, Florida 32004

Matt Roberts
Member

6432 Mockingbird Lane
Jacksonville, Florida 32219

Tim Fannin
Member

103 Turtle Walk
Ponte Vedra Beach, Florida 32082

APPROVED
AND
FILED
OCT 10 8 AM 8:15
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of HEALTH FLEET, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 28 day of August, 2001.

Fraser Burns President
Signature

FRASER BURNS
Print Name of Signer

WITNESS:

Scott Carter
Signature

SCOTT CARTER
Print Name of Witness

WITNESS:

Matt Roberts
Signature

MATT ROBERTS
Print Name of Witness

APPROVED
AND
FILED
01 AUG - 8 AM 8:16
CLERK OF STATE
TALLAHASSEE, FLORIDA