

L01000005926

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dated: April 11, 2001

000004008880--9
-04/13/01--01097--016
****125.00 ****125.00

SUBJECT: First Coast HealthCare Consultants LLC
(Proposed limited liability company name - must include suffix)

Enclosed is and original and one (1) copy. *Please return filed stamped copy only.*

Filing fee for articles of organization of Florida Limited Liability

\$100.00	Filing fee for Articles of Organization and Affidavit
\$ 25.00	Designation of Registered Agent

FILED
01 APR 13 PM 5:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Please send one check for the total amount made payable to the Florida Department of State.

From: Grady H. Williams, Jr., LL.M.
Name (Printed or typed)

1279 Kingsley Avenue, Suite 117
Address

Orange Park, FL 32073
City, State & Zip

(904) 264-0441
Daytime Telephone number

Thank you!

APS LLC FL-41

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Coast HealthCare Consultants LLC

ARTICLE II - Address:

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

8745 Hampshire Glen Dr. S., Jacksonville, Florida 32256

ARTICLE III- Duration:

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

perpetual

ARTICLE IV- Management:

(check and complete the appropriate 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:

☒ 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:

Tudor Jones, 8745 Hampshire Glen Dr. S., Jacksonville, FL 32256
Margaret Coffman, 671 Frederic Drive, Green Cove Springs, FL 32043
Rollin W. Bearss, 671 Frederic Drive, Green Cove Springs, FL 32043

FILED
01 APR 13 PM 5:00
SECRETARY OF STATE
JACKSONVILLE, FLORIDA

ARTICLE V - Admission of Additional Members:

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


The Company may admit additional or substitute members only with the approval of all members. A member may withhold approval of the admission of any person for any or no reason.

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:

The Company's business may be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.

Signed this 9th day of April, 2001.


Tudor Jones, Member


Margaret Coffman, Member


Rollin W. Bearss, Member

FILED
01 APR 13 PM 5:09
SECRETARY OF STATE
TAMM-CORRIGAN BLDG
DOVER, DE 19901

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: First Coast HealthCare
Consultants LLC

2. The name and address of the registered agent and office is:

Grady H. Williams, Jr., LL.M.
(NAME)

1279 Kingsley Avenue, Suite 117
(P. O. BOX NOT ACCEPTABLE)

Orange Park, Florida 32073
(CITY, STATE/ZIP)

By: Tudor Jones, Member

Date: April 9, 2001

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.

Grady H. Williams, Jr.
(SIGNATURE)
Grady H. Williams, Jr.

April 9, 2001
(DATE)