

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC.
Account Number : I20010000099
Phone : (775) 884-1357
Fax Number : (775) 882-6818

AL

**Note: File Before Keys Health Service Center, Inc*

LIMITED LIABILITY COMPANY

Keys Health Service Management, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION OF

Keys Health Service Management, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name

The name of the Limited Liability Company is: Keys Health Service Management, LLC

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 91760 Overseas Highway, Tavernier, FL 33070.

ARTICLE III

Registered Agent

The name of the initial resident agent and the initial address of the registered office where process may be served in the State of Florida is: Patricia B. Mull, 200 Ellis Drive, Tavernier, FL 33070.

ARTICLE IV

Management

The Limited Liability Company is to be managed by members and the names and addresses of such members are: Patricia B. Mull, 91760 Overseas Highway, Tavernier, FL 33070

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: limited as more particularly described in the Operating Agreement of the Company

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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: limited as more particularly described in the Operating Agreement of the Company

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

Signature of authorized representative or member


Sandra L. Miller Organizer

Dated: 2 November 2001

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TALLAHASSEE, FLORIDA

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**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 company is: Keys Health Service Management
2. The name and address of the registered agent and office is:

Patricia B. Mull
200 Ellis Drive
Tavernier, FL 33070

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.

Patricia B. Mull

Dated: 2 November 2001

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