

L02000003812



ACCOUNT NO. : 072100000032

REFERENCE : 396693 7313146

AUTHORIZATION :

Patricia Piquero

COST LIMIT : \$ 125.00

ORDER DATE : February 6, 2002

ORDER TIME : 10:21 AM

ORDER NO. : 396693-001

CUSTOMER NO: 7313146

CUSTOMER: Mr. Craig T. Cuden-7313146
Mr. Craig T. Cuden

600004947056--4

8456 Legend Club Drive

West Palm Beach, FL 33412-1500

DOMESTIC FILING

NAME: HEALTHCARE DEVELOPMENT
PARTNERS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 70114

EXAMINER'S INITIALS: _____

RECEIVED
02 FEB 18 AM 10:27
TALLAHASSEE
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

02 FEB 18 PM 12:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2/18*

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHCARE DEVELOPMENT PARTNERS, LLC

ARTICLE II - Address:

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

106 LAVINIA DRIVE, GREENVILLE, SOUTH CAROLINA 29601

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 **NOT** 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.

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:

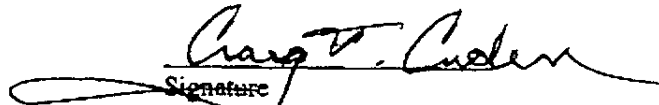
- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIONS

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 HEALTHCARE DEVELOPMENT PARTNERS, 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 11th day of February, 2002.


Signature
CRAIG T. CUDEN
Print Name of Signer

WITNESS:

PAMELA MORGENTIET
Signature

Pamela Morgenti
Print Name of Witness

WITNESS:

Lois Morgan
Signature

C. Lois Morgan
Print Name of Witness

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