

THERESA A. RETH
108 North Magnolia Avenue
Ocala National Bank Building
Suite 318
Ocala, Florida 34475
(352) 732-7878

L020000013904

May 28, 2002

Department of State
Corporations
P.O. Box 1300
Tallahassee Florida 32302

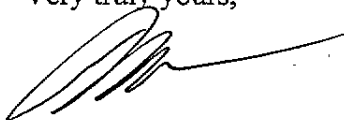
800005693368--4
-06/06/02--01011--013
***155.00 ***155.00

Re: Articles of Organization of Summerfield Suites, L.L.C.

Dear Sir:

Enclosed are the Articles of Organization of Summerfield Suites, L.L.C., and Certificate of Registered Agent, with my firm check in the sum of \$155.00; this includes a filing fee of \$125.00 plus \$30.00 for a certified copy to be provided to this office.

Very truly yours,



THERESA A. RETH

TAR/jdk
Enclosures
cc: Alice Privett
Elizabeth F. Hodge

APPROVED
AND
FILED
02 JUN -3 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FF \$125
CC 30
JH
6-7-02

**ARTICLES OF ORGANIZATION OF
SummerField Suites, L.L.C.**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I -- NAME

The name of the Limited Liability Company shall be SummerField Suites, L.L.C. ("Company").

ARTICLE II -- ADDRESS

The street address of the principal office of the Company shall be: 3231 S. W. 34th Avenue, Ocala, Florida 34474. The mailing address for the Company shall be: P. O. Box 4860, Ocala, Florida 34478-4860.

ARTICLE III -- DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the state of Florida is Theresa A. Reth, 108 N. Magnolia Avenue, Suite 318, Ocala, Florida 34475-6604.

ARTICLE V -- MEMBERS

The initial member shall be Hospice of Marion County, Inc. No additional members shall be admitted except with the unanimous written consent of all existing members and on such terms and conditions as shall be determined by all existing members. A member may transfer any interest in the Company as set forth in the operating agreement of the company.

ARTICLE VI -- TERMINATION OF EXISTENCE

The Company shall be dissolved on the occurrence of any event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there is at least one remaining member.

02 JUN -3 0111:23
SECRETARY OF STATE
TALLAHASSEE FL
FILED

APPROVED
AND
FILED

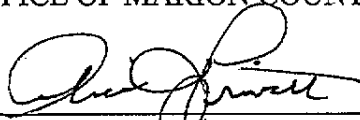
ARTICLE VII -- MANAGEMENT

The Company is to be managed by one or more managers and is therefore a manager-managed company selected as provided in the regulations adopted at the organizational meeting.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Florida, this 28th day of May, 2002.

HOSPICE OF MARION COUNTY, INC.

By

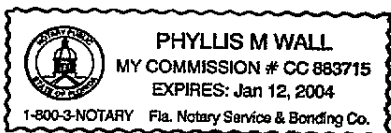



ALICE J. PRIVETT, CEO
Member

STATE OF FLORIDA)

COUNTY OF MARION)

Sworn to and subscribed before me this 28th day of May, 2002 by ALICE J. PRIVETT.




Notary Public -- State of Florida

Phyllis M. Wall
(name, typed or printed).....

CC 883715 exp 1/12/04

02 JUN -3 AM 11:28
SECRETARY OF STATE
JAIL AHAASLE FLOIDA

APPROVED
AND
FILED

Personally Known ☒

OR

Produced Identification ☐

(SEAL)

Type of Identification Produced _____

**CERTIFICATE OF REGISTERED AGENT/REGISTERED OFFICE OF
SummerField Suites, L.L.C.**

Pursuant to the provisions of §608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate the registered agent and registered office in the State of Florida.

1. The name of the Limited Liability Company is: SummerField Suites, L.L.C.
2. The name and street address of the registered agent and office is: Theresa A. Reth, 108 N. Magnolia Avenue, Suite 318, Ocala, Florida 34475-6604.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THE 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.

Dated this 28 day of May, 2002.



THERESA A. RETH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN -3 AM 11:28

APPROVAL
AND
FILED