

L020000023277



ACCOUNT NO. : 072100000032

REFERENCE : 734902 7210069

AUTHORIZATION :

*Patricia Pujate*

COST LIMIT : \$ 155.00

ORDER DATE : September 6, 2002

ORDER TIME : 3:49 PM

ORDER NO. : 734902-005

CUSTOMER NO: 7210069

CUSTOMER: Thomas J. Crane, Esq  
Thomas J. Crane, Esquire

Unit 1401  
5780 Grande Reserve Way  
Naples, FL 34110

DOMESTIC FILING

NAME: CLOVERLEAF MEDICAL  
INTERNATIONAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	
Availability	<u>XX</u>
Document	
Examiner	
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Updater	
Verifier	
Acknowledgement	
W. P. Verifier	

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CONTACT PERSON: Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS:

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02 SEP -6 PM 4:40  
TALLAHASSEE, FLORIDA

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FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CLOVERLEAF MEDICAL INTERNATIONAL, LLC

## ARTICLE II - Address:

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

5780 GRANDE RESERVE WAY, UNIT 1401, NAPLES, FLORIDA 34110

## 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:

*Patricia Pizzuto*

Registered Agent's Signature

Patricia Pizzuto  
Asst. Secretary

02 SEP 16 PM 2:05  
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## 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)

*[Signature]*  
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.)

THOMAS J. CRANE

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)