

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : BARNETT, BOLT, KIRKWOOD & LONG  
Account Number : 072731001155  
Phone : (813) 253-2020  
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**LIMITED LIABILITY COMPANY**

**Parkside Health Services, LLC**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Parkside Health Services, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
17028 Candelada de Avila  
Tampa, Florida 33613

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Philip Burke

Name

17028 Candelada de AvilaFlorida street address (P.O. Box NOT acceptable)TampaFL 33613

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.*

  
 Registered Agent's Signature

(An additional article must be added if an effective date is requested)

  
 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.)

Philip Burke, Member

Typed or printed name of signer

**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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