

L03000044003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

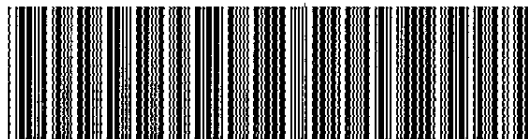
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

BK

FILED

03 NOV 12 AM 8:15

DEPT. OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

CT Corporation System

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

CORPORATION(S) NAME

Cabot Healthcare Construction, LLC

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/12/03

AAM

Order#: 5975364 SO

Ref#: _____

Amount: \$ _____

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03 NOV 12 AM 8 15
FILED
TALLAHASSEE
FLORIDA

CT Corporation System

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

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Cabot Healthcare Construction, LLC

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TALLAHASSEE, FL 32301

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W.P. Verifier _____

11/12/03

AAM

Order#: 5975364 SO

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Amount: \$ _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cabot Healthcare Construction, LLC

ARTICLE II - Address:

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

421 Raleigh View Road
Raleigh, N.C. 27610

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

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

C T Corporation System

Name

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

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.

C T Corporation System

By:

Connie Bryan

Registered Agent's Signature

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

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

D. H. Griffin, Sr.

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.)

D. H. Griffin, Sr.

Member

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)