

L0400000175

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000017566 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Galen Medical Partnership II, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED
04 JAN 26 PM 12:53
DIVISION OF CORPORATIONS

04 JAN 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000017566

ARTICLE I - Name

The name of the Limited Liability Company is: **Galen Medical Partnership II, LLC**

ARTICLE II - Address

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

Principal Office Address:

700 S. Royal Poinciana Blvd., Suite 401

Miami, FL 33166

Mailing Address:

700 S. Royal Poinciana Blvd., Suite 401

Miami, FL 33166

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

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

Michael W. Hawkins

Name

1900 S. Harbor City Blvd., Suite 315

(P.O. Box or Mail Drop Box **NOT** Acceptable)

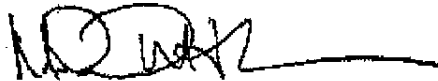
Melbourne, FL 32901

(City / State / Zip)

APPROVED
AND
FILED
04 JAN 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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.

X



Registered Agent's Signature - Michael W. Hawkins

ARTICLE IV - Manager(s) or Managing Member(s):

H04000017566

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Virginia M. Gruler - 1351 Canal Point Road, Longwood, FL 32750

MGR

Robert L. Trinka - 700 S. Royal Poinciana Blvd., Suite 401, Miami, FL 33166

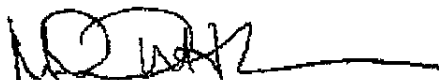
MGR

Michael W. Hawkins - 1900 S. Harbor City Blvd., Suite 315, Melbourne, FL 32901

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Michael W. Hawkins

Typed or printed name of signee

APPROVED
FILED
04 JAN 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H04000017566