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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECTION 185 STATE  
FILING OFFICE

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: America's Urgent Care of Florida Holding, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lewis W. Coppe l  
(Name of Person)

Ambulatory Care Affiliates, Ltd.  
(Firm/Company)

1875 Tamarack Circle  
(Address)

Columbus, OH 43229  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Bookmyer at ( 614 ) 880-5580  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SEC. 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:

America's Urgent Care of Florida Holding, LLC

ARTICLE II - Address:

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

Principal Office Address:

AUC of Florida Holding  
1336 West Fletcher Avenue  
Tampa FL 33612

Mailing Address:

AUC of Florida Holding  
1875 Tamarack Circle  
Columbus, OH 43229

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

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

Don Mincey  
Name  
1336 West Fletcher Avenue  
Florida street address (P.O. Box NOT acceptable)  
Tampa FL 33612  
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.

[Signature]  
Registered Agent's Signature

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Lewis W. Cappel  
1875 Tamarack Circle  
Columbus OH 43229

MGRM

Nino DiIullo  
1875 Tamarack Circle  
Columbus OH 43229

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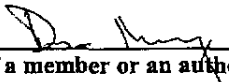
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

Don Mincey  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRET  
STATE  
TALLAHASSEE, FLORIDA

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