# 0500062374ge 1 of 1 Division of Corporations

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

CORPORATION:

: HUBCO

Account Name Account Number : 104662003400

Phone

: (516) 935-3940

Fax Number

: (516)935-3088

### LIMITED LIABILITY COMPANY

Boynton Beach Medical Center LLC

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Estimated Charge	\$130.00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is: <b>Boynton Bea</b>	ch Medical Center LLC
ARTICLE II - Address	
The mailing address and street address of the principal office of the Li	nited Liability Company is:
Principal Office Address: Mail	ing Address;
6400 Congress Avenue, Suite 1400 6-	00 Congress Avenue, Suite 1400
Boca Raton, FL 33487 B	oca Raton, FL 33487
ARTICLE III - Registered Agent, Registered Office & The name and Florida street address of the registered agent are:  Marc Schlosser	Registered Agent's Signature SEE, FLORE TO SEE, FLORE TO SEE FLORE TO
6400 Congress Avenu	e, Suite 1400
(P.O. Box or Mail Dro	p Box NOT Acceptable)
Boca Raton, FL 33487	
Having been named as registered agent and to accept service of pat the place designated in this certificate, I hereby accept the apparatity. I further agree to comply with the provisions of all state of my duties, and I am familiar with antiaccept the obligations of Chapter 608, F.S.  Registered Agent's Signature	process for the above stated limited liability company ointment as registered agent and agree to act in this tes relating to the proper and complete performance my position as registered agent as provided for in

ARTICLE IV - Manager(s) 'The name and address of each Ma	or Managing Member(s): nager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Marc Schlosser- 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33487
MGR	Nathan E. Nachlas- 6400 Congress Avenue, Suite 1400, Boca Raton, FL 3348
(Use attachment if necessary)	
REQUIRED SIGNATURE:  Signatur	e of a member or authorized representative of a member.
document	nce with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penaltics of perjury that the facts in are true.)
	Marc Schlosser
	Typed or printed name of signee

FILED

05 JUN 22 AM II: 17

SECRETARY UN STATE
TALLAHASSEE, FLORIDA.