

L05000087490

09/02/2005 15:15 5822 615

CT CORP

PAGE 01/03

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.

(((H05000210813 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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY COMPANY

DOMC Property, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
05 SEP -2 AM 10:53
DIVISION OF CORPORATION

2005 SEP -2 A 08:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Document	
Contributor	
Underwriter	DCC
Underwriter	DCC
Underwriter	DCC
P. Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Menu

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

The name of the Limited Liability Company is:

DOMC Property, LLC**ARTICLE II - Address:**

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

Principal Office Address:One Park PlazaNashville, TN 37203**Mailing Address:**One Park Plaza - Legal DepartmentNashville, TN 37203**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation SystemName1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation, Florida 33324City, 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 605, F.S.

CT Corporation System

Corrie Bryan Special Asst. Secy
 Registered Agent's Signature

(CONTINUED)

Page 1 of 2

2005 SEP - 2 A 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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

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

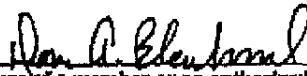
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRJohn M. Franck IIOne Park PlazaNashville, TN 37203MGRA. Bruce Moore, Jr.One Park PlazaNashville, TN 37203MGRR. Milton JohnsonOne Park PlazaNashville, TN 37203

(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.)

Dora A. Blackwood, Authorized Representative of Member

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)**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 SEP -2 A 8:47

FILED