# 105000090188

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
789,611,671
789,611,611 105,42764 Office Use Only



800059122358

#8/U7/U5--01020--010 \*\*125.00

ECTENT TO BE STATE

라-7 MIC:1

### MEYER & WYSE LLP

ATTORNEYS AT LAW 621 S.W. MORRISON STREET **SUITE 1300** 

Email: rim@meyerwyse.com Direct Telephone: (503) 517-8101

September 2, 2005

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\* MEMBER OF OREGON AND WASHINGTON BARS

RE: Articles of Organization Genoa Healthcare of Florida, LLC

Dear Staff:

We enclose the following:

1) Articles of Organization for Genoa Healthcare of Florida;

2) A signed consent from C T Corporation system; and

3) Our check in the amount of \$125.00, made payable to "Florida Department of State," as your filing fee.

Please direct any questions regarding the enclosed to this office. Thank you.

Very truly yours,

Steven J. Kuhn

SJK

enclosures

c (w/encl): Kevin Martyn

Mark Peterson

Jeri Graves

F.\g\Genhe\Lifl\FL ltr re articles.wpd



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 14, 2005

MEYER & WYSE LLP 621 S.W. MORRISON STREET STE 1300 PORTLAND, OR 97205

SUBJECT: GENOA HEALTHCARE OF FLORIDA, LLC

Ref. Number: W05000042764

We have received your document for GENOA HEALTHCARE OF FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist 3 SEP - 7 AM 10: 11

Letter Number: 305A00056851

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
GENOA HEALTHCARE OF FLORIDA, LLC						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address:	Mailing Address:					
510 E. Main Street	510 E. Main Street					
Auburn, Washington 98002	Auburn, Washington 98002		, - <u>.</u>			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:						
The name and the Florida street address of the re	egistered agent are:	P -7				
C T Corporation System		=	$\Box$			
Name	SIN SIN	Ö				
1200 South Pine Island Road	TIE TOATE					
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)					
Plantation	FL 33324					
City, State, ar	nd 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..

Registered Agent's Signature

(CONTINUED)

# 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:		<del>-</del>	
<b>.</b> .	Kevin Martyn			
MGRM	17660 301st Street			
		<del></del>		
	Kent, WA 98042			
		<u> </u>		, 3
(Use attachment if necessary)				
NOTE: An additional article must b	e added if an effective date is requested.	SECTE SECTE	05 SEP	
REQUIRED SIGNATURE:			7-7	프
		CAROLEI LINIS HO	-7 AM 10: 1	$\Theta$
Signature of a member	or an authorized representative of a member.	劉		
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution the an affirmation under the penalties of perjury		-	
Roger L. Meyer				
Турс	ed 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)

# **FLORIDA**

# CONSENT TO APPOINTMENT AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

# GENOA HEALTHCARE OF FLORIDA, LLC

August 29, 2005

C T CORPORATION SYSTEM

JACK CASKEY ASSISTANT VICE PRESIDENT C T CORPORATION SYSTEM

SECRE AS AMID: 11