DODOC	0031006
(Requestor's Name) (Address) (Address)	500068148055
(City/State/Zip/Phone #)	03/24/0601030013 **155.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED Strand Phile International TALLANA PARTY FUNDA
3/24 FLC Office Use Only	RECEIVED

M. HODGES

٠

. .

.

GRAY ROBINSON

Suite 600 301 South BRONOUGH ST. (32301) Post Office Box 11189 TALLAHASSEE, FL 32302-3189 TEL 850-222-7717 TEL 850-577-9090 FAX 850-222-3494 FAX 850-222-3494 FAX 850-577-3311 L gray-robinson.com N 07

CLERMONT
FORT LAUDERDALE
JACKSONVILLE
Ker West
LAKELAND
Melbourne
NAPLES
ORLANDO
TALLAHASSEE
Тамра

March 24, 2006

Division of Corporations 2661 Executive Center Circle West Tallahassee, FL 32301 Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the ARTICLES OF ORGANIZATION, along with a check in the amount of \$160.00 for the applicable filing fees and to obtain a Certified Copy and Certificate of Status for the following entity:

HOSPITAL TRANSITIONS, LLC

Upon receipt, please "date-stamp" the copy of the letter provided, and call me at 577-9090 when the document is ready. Thank you for your assistance.

Sincerely.

1

Paralegal

/kfj Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOSPITAL TRANSITIONS, LLC

ARTICLE II - Address:

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

140 E. Rockwood Way Winter Park, FL 32789

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

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

William A. Grimm 301 E. Pine Street, Suite 1400 Orlando, Florida 32801

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

Article IV - Management (Check box if applicable.)

: The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

The initial board of managers shall consist of the following individual:

Marc L. Demers, 140 E. Rockwood Way, Winter Park, Florida 32789

(Signature of a member or an auti

(in accordance with section 608.40 of this document constitutes an affi that the facts state

·	- 1	90	
nember or an authorized representative of a member)		5 M.S	
h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjugnat the facts stated herein are true.)		MAR 24 P	
Marc L. Demers	TINC 1	P# 4: 11	E D
Typed or printed name of signee FILING FEES: \$100.00 Filing Fee for Atticles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)	5/1	8	