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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 974615 4337594

AUTHORIZATION :

Spuddean

COST LIMIT : \$ 125.00

FILED
2006 APR 10 PM 4:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : April 10, 2006

ORDER TIME : 2:09 PM

ORDER NO. : 974615-005

CUSTOMER NO: 4337594

DOMESTIC FILING

NAME: DOLPHINS VIEW HEALTH CARE
ASSOCIATES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX : ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX : PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cynthia Woodyard - EXT. 2938

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
DOLPHINS VIEW HEALTH CARE ASSOCIATES, LLC**

FILED
2006 APR 10 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Name.** The name of this limited liability company is DOLPHINS VIEW HEALTH CARE ASSOCIATES, LLC (the "Company")
2. **Duration.** The Company shall have perpetual existence, commencing on the date of filing the Articles of Organization with the Florida Department of State, unless the Articles of Organization or the operating agreement of the Company provide otherwise.
3. **Purpose.** The Company is organized for the purpose of transacting all lawful activities and business that may be conducted by a limited liability company under the laws of Florida.
4. **Principal Place of Business.** The Company's principal place of business is 1820 Shore Drive South, St. Petersburg, Florida 33707.
5. **Mailing Address.** The Company's mailing address is 10210 Highland Manor Drive, Suite 270, Tampa, Florida 33610.
6. **Registered Agent and Office.** The name of the registered agent of the Company is Corporation Service Company. The street address of the registered agent of the Company is 1201 Hays Street, Tallahassee, Florida 32301.
7. **Member.** The sole member of the Company is Augusta Health Care Properties, LLC. The street address of the member is 10210 Highland Manor Drive, Suite 270, Tampa, Florida 33610.
8. **Debts and Liabilities.** No member of the Company will be liable for the debts and liabilities of the Company.

The undersigned has executed these Articles of Organization as of the 10th day of April, 2006.

AUGUSTA HEALTH CARE PROPERTIES, LLC

By: 
Name: Patrick A. Duplantis
Title: Authorized Representative

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

DOLPHINS VIEW HEALTH CARE ASSOCIATES, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/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, Florida Statutes.

Corporation Service Company

By:

Deborah D. Skipper
(Signature) **Deborah D. Skipper**
Asst. V. Pres.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)