

**L07000001203**

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To:  
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Fax Number : (850) 205-0383

From:  
Account Name : BETH E. LINZNER, P.A.  
Account Number : I20030000140  
Phone : (561) 999-9300  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Port Charlotte MMR LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION  
FOR  
PORT CHARLOTTE MMR LLC

ARTICLE I - NAME

The name of the limited liability company is: PORT CHARLOTTE MMR LLC.

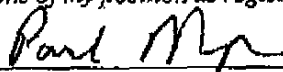
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is:  
1601 Belvedere Road - Suite 407 South, West Palm Beach, Florida 33406.

ARTICLE III- REGISTERED AGENT

The name and the Florida street address of the registered agent is Paul Mapes, 1601 Belvedere Road  
- Suite 407 South, West Palm Beach, Florida 33406.

*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.*



Paul Mapes, Registered Agent



Paul Mapes, Authorized Agent

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

PAUL MAPES

Typed or printed name of signer

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