Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : SERVANT INVESTMENTS, LLC

Account Number : I20070000044 Phone : (407)999-7772

Phone : (407)999-7772 Fax Number : (407)999-7759

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
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Servant Healthcare Investments, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF CHORICEATION FOR FLORIDA MINISTER DE COMP	
ARTICLE I - Name: The name of the Limited Liability Company is:	
Servant Healthcare Investments, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
(Must end with me words "Endited Liability Company, Litting Company of their aborestation lates, or their	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	oany is:
Principal Office Address: Mailing Address:	
135 West Central Boulevard, Suite 1200 same Orlando, Florida 32801	OT A
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	APR 1-9 MM 9: 43
The name and the Florida street address of the registered agent are:	9
N. Dwayns Gray, Jr., Esq. Name	t3
201 East Pine Street, Suite 500	
Florida street address (P.O. Box NOT acceptable)	
Orlando PL 32801	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated	limited

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 (REQUIRED)

(CONTINUED) Page 1 of 2

(((H070001047793)))

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Titlet

	MGR	Servant Investments, LLC	
		135 West Central Boulevard, Suite 1200 Orlando, Florida 32801	
	MGR	RML Partners, LLC	
		136 West Central Boulevard, Suite 1200 Orlando, Florida 32801	
	ta de la companya de	APR	
		9	
• . i'r	(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)			

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.)

N. Dwayne Gray, Jr.

Typed or printed name of signee

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)

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