# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

AMY, J. PATTERSON

Account Name : SERVANT HEALTHCARE INVESTMENTS, LLC

Account Number : I20070000103

Phone : (352) 396-037 407- 999-2439

Fax Number : (407)999-7759 5210

N C.U.
PH I2: 17

LORIDA/FOREIGN LIMITED LIABILITY CO.

Servant Healthcare Investments (Laurel Creek), LLC

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#### ARTICLES OF ORGANIZATION

OF

## SERVANT HEALTHCARE INVESTMENTS (LAUREL CREEK), LLC

#### ARTICLE I - NAME

The name of this limited liability company is <u>Servant Healthcare Investments</u> (<u>Laurel Creek</u>), <u>LLC</u>. (the "Company").

## ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the Company shall be 1000 Legion Place, Suite 1650, Orlando, FL 32801.

## ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 201 E. Pine Street, Suite 500, Orlando, FL 32801, and the name of the initial registered agent of the Company at that address is N. Dwayne Gray, Ir., Esq.

## ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above. I hereby accept the appointment as registered agent and agree to act in such capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and represent I am familiar with, and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent

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SECRETARY OF STATE

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## ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
Managing Member	Servant Healthcare Investments, LLC
10,2-22,0 44	1000 Legion Place, Suite 1650
	Orlando, Florida 32801
Member	Outer Marker Properties, LLC
	6300 Powers Ferry Road
	Building 600, Suite 166
	Atlanta, Georgia 30339
	•
	na avage Du O
	Signature of a member of an authorized

representative of a member

N. Dwayne Gray, Jr. Printed Name: