

Division of Corporations

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607 000 118887

Florida Department of State
Division of Corporations
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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 : 120070000103
Phone : ~~407 999 9999~~ (407) 999-2439
Fax Number : (407) 999-~~5210~~ 5210

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Servant Healthcare Investments (Carmel), LLC**

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ARTICLES OF ORGANIZATION

OF

SERVANT HEALTHCARE INVESTMENTS (CARMEL), LLC

ARTICLE I - NAME

The name of this limited liability company is Servant Healthcare Investments (Carmel), LLC. (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, Jr., 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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ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

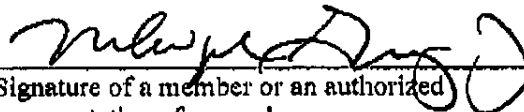
Name and Address:

Manager

Servant Healthcare Investments, LLC

1000 Legion Place, Suite 1650

Orlando, Florida 32801


Signature of a member or an authorized
representative of a member

N. Dwayne Gray, Jr.

Printed Name:

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