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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JAMES F MOREY PA

Account Number : I20080000014 Phone : (239)643-1429

Fax Number : (239)643-2291

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Piper Medical Center, LLC

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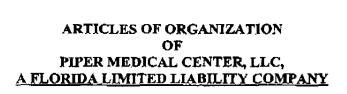
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EXAMINER

10/23/2008

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ARTICLE I NAME

The name of this limited liability company is Piper Medical Center, LLC, referred to in these Articles of Organization as the "Company."

ARTICLE II REGISTERED OFFICE AND AGENT

The principal office and mailing address of the Company is 6635 Willow Park Drive, Naples, Florida 34109. The Company's registered agent is James F. Morey, whose office is located at 2375 Tamiami Trail N., Suite 210, Naples, Florida 34103.

ARTICLE III DURATION

The Company shall have perpetual duration.

ARTICLE IV ORGANIZER

The organizer of the Company is Steve Soud, who is a natural person at least eighteen (18) years old.

ARTICLE V PURPOSE AND POWERS

This Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

ARTICLE VI MANAGEMENT

The Company is to be managed by a Manager as further provided in the Company's Operating Agreement. No persons other than the Manager are agents of the Company or have the authority to make any contracts, enter into any transactions, or make any commitments on behalf of the Company, each of whom, individually shall have that authority. The name and address of the Manager is:

Steve Soud 6635 Willow Park Drive Naples, Florida 34109

ARTICLE VII ADMISSION OF NEW MEMBERS

The Company may admit new members as provided in the Company's Operating Agreement.

ARTICLE VIII RELATIONSHIP OF ARTICLES OF ORGANIZATION TO OPERATING AGREEMENT

If a provision of these Articles of Organization differs from a provision of the Company's Operating Agreement, then, to the extent allowed by law, the Operating Agreement will govern.

Executed this 22 day of October 2008.

Name: Steve Soud Title: Manager

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 IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: PIPER MEDICAL CENTER, LLC
- 2. The name and address of the registered agent and office is:

James F. Morey James F. Morey, PA 2375 Tamiami Trail N., Suite 210 Naples, Florida 34103

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 accept the obligations of my position as registered agent.

Date: **BUTTER** 2008

Name: James F. Morey