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Account Number : I20010000016
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Highway 19 Medical Offices Developer, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name**

The name of the Limited Liability Company is: Highway 19 Medical Offices Developer, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

2020 SE 17th Street
Ocala, Florida 34471

**ARTICLE III - Registered Agent, Registered Office,
& Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Name: Michael P. Hill
Florida street address: 2020 SE 17th Street
City, State, and Zip: Ocala, Florida 34471

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.

Michael P. Hill
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Michael P. Hill
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.)

Michael P. Hill as agent for member
Typed or printed name of signer

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