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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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02/09/09--01051--001 **125.00

EFFECTIVE DATE
2/7/09

09 FEB -9 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FEB 10 2009

Physicians Healthcare Enterprises, LTD

February 7, 2009

Florida Dept of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314
Reference: New Filing for Provida Healthcare

To Whom It May Concern:,

Enclosed you shall find the required fee and documentation to incorporate Provida Healthcare.

Should you have any questions please feel free to contact me at 386-569-1174.

Sincerely,

A handwritten signature in black ink, appearing to read "J.G. Cantillo". The signature is written in a cursive style with a large initial "J" and "C".

Julian G. Cantillo

CC: Robert Abraham

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Provida Healthcare, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julian G. Cantillo, Trustee
(Name of Person)

Physicians Healthcare Enterprises, LTD
(Firm/Company)

PO Box 130956
(Address)

Ormond Beach, FL 32173
(City/State and Zip Code)

For further information concerning this matter, please call:

Julian Cantillo at (386) 569-1174
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Provida Healthcare, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

69 Appalosa Lane
Ormond Beach, FL
32174

PO Box 730956
Ormond Beach, FL
32173

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.)

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

Robert Abraham
Name

220 S. Ridgewood Avenue
Florida street address (P.O. Box **NOT** acceptable) Ste 200

Daytona FL 32114
City, State, and Zip

FILED
FEB 9 9 12:50
TAMPA COUNTY OF STATE
TAMPA, FLORIDA

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.

for Robert Abraham
Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Physicians Healthcare
Enterprises, LTD
PO Box 730956
Ormond Beach, FL 32173

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/7/09 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Julian G. Cantillo, Trustee for
NIA Healthcare Trust

FILED
09 FEB -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)