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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 24 2009

EXAMINER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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TALLAHASSEE, FLORIDA

1. *Delray Harbor Medical Center, LLC*
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **DELRAY HARBOR MEDICAL CENTER, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3795 Boynton Beach Boulevard
Boynton Beach FL 33436

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

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

Mark Freeman, MD
Name
3795 Boynton Beach Boulevard

Florida street address (P.O. Box NOT acceptable)
Boynton Beach FL 33436
City, State, and Zip

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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.


Mark Freeman, MD

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)


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.)

Mark Freeman

Typed or printed name of signee:

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

DELRAY HARBOR MEDICAL CENTER, INC.
3795 Boynton Beach Boulevard
Boynton Beach FL 33436

February 17, 2009

Florida Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee FL 32314

Re: Delray Harbor Medical Center, LLC Incorporation-Permission to Use Similar Name

Ladies and Gentlemen:

I am President of Delray Harbor Medical Center, Inc., a Florida corporation

Enclosed are the Articles of Organization of Delray Harbor Medical Center, LLC, together with a check for \$125.

Delray Harbor Medical Center, Inc., hereby gives its permission for LLC Delray Harbor Medical Center, LLC, to use a similar name.

Yours sincerely,

DELRAY HARBOR MEDICAL CENTER, INC.

By: _____

Mark Freeman, MD, President

2/17/09