

LD9000026921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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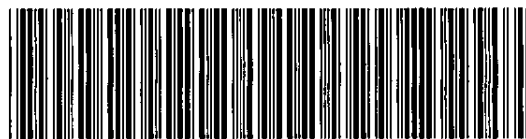
(Business Entity Name)

(Document Number)

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09 MAR 19 PM 4:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 MAR 19 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. 000000 MAR 20 2009



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 930556 7587011

AUTHORIZATION :

Spuddean

COST LIMIT : \$ 125.00

ORDER DATE : March 19, 2009

ORDER TIME : 2:56 PM

ORDER NO. : 930556-005

CUSTOMER NO: 7587011

DOMESTIC FILING

NAME: NUVISTA HEALTHCARE INVESTORS,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Articles of Organization

of

NuVista Healthcare Investors, LLC

ARTICLE I

The name of the limited liability company formed hereby (hereinafter referred to as the "Limited Liability Company") is:

NuVista Healthcare Investors, LLC

ARTICLE II

The existence of the Limited Liability Company shall be perpetual.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company shall be as follows:

4225 East Main Street
Jupiter, Florida 33458

ARTICLE IV

The Registered Agent of the Limited Liability Company and its street address in the State of Florida are as follows:

Paul M. Walczak
4225 East Main Street
Jupiter, Florida 33458

ARTICLE V

The Limited Liability Company shall be managed by one or more managers.

ORGANIZER:

GENLAW REGISTERED AGENTS, INC., a Florida corporation, as authorized representative of a Member


By: 
Martin J. Genauer, President

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared Martin J. Genauer, as President of Genlaw Registered Agents, Inc., a Florida corporation, the authorized representative of a Member, who is personally known to me to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 18th day of March, 2009.




Notary Public
Print Name: _____
My Commission expires: _____

**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

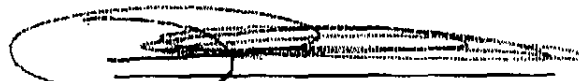
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is NuVista Healthcare Investors, LLC.
2. The name and address of the Registered Agent and Office is:

Paul M. Walczak
4225 East Main Street
Jupiter, Florida 33458

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the Articles of Organization, Paul M. Walczak hereby accepts the appointment as Registered Agent and agrees to act in this capacity. Paul M. Walczak further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as Registered Agent.

Dated as of March 18, 2009


Paul M. Walczak

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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