

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**L. SELLERS**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

MAY 20 2009

**EXAMINER**

From:  
Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239) 344-1100  
Fax Number : (239) 344-1200

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**BOBCAT VILLAGE CENTER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
OF  
BOBCAT VILLAGE CENTER, LLC**

**ARTICLE I  
NAME**

The name of the limited liability company shall be BOBCAT VILLAGE CENTER, LLC (the "Company").

**ARTICLE II  
MAILING ADDRESS AND STREET ADDRESS**

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

4371 Veronica Shoemaker Boulevard  
Fort Myers, Florida 33916

**ARTICLE III  
INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

William N. Herwin, M.D.  
4371 Veronica Shoemaker Boulevard  
Fort Myers, Florida 33916

**ARTICLE IV  
PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE V  
DURATION**

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution as described in the Operating Agreement of the Company.

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**ARTICLE VI**  
**MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company.

## ARTICLE VII OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being an Authorized Representative of the Company, has executed these Articles of Organization, this 19 day of MAY, 2009.

**William N. Harwin, M.D.**  
**Authorized Representative**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, 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 "BOBCAT VILLAGE CENTER, LLC."

2. The name and address of the registered agent and office are:

**William N. Harwin, M.D.**  
**4371 Veronica Shoemaker Boulevard**  
**Fort Myers, Florida 33916**

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.

William N. Harwin, M.D., Registered Agent

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