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To:

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From: CAPL MATTHEWS
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Legacy Healthcare Properties Fund LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
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J. BRYAN

0CT - 72009

Electronic Filing Menu

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EXAMINER

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ARTICLES OF ORGANIZATION OF Legacy Healthcare Properties Fund LLC

The undersigned, acting as organizer of this limited liability company pursuant to Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

ARTICLE I - Name

The name of the limited liability company is Legacy Healthcare Properties Fund LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company are 189 S. Orange Avenue, Suite 1150, Orlando, Florida 32801.

ARTICLE III - Registered Agent and Registered Office

The name and the Florida street address of the registered agent for the Company are THOMAS J. HUTCHISON III, 189 S. Orange Avenue, Suite 1150, Orlando, Florida 32801.

ARTICLE IV - Management

The Company is to be a member managed company. The name and address of the initial member-manager of the Company are:

Name

<u>Address</u>

Thomas J. Hutchison III

189 S. Orange Avenue, Suite 1150 Orlando, Florida 32801

ARTICLE V - Effective Date

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

The undersigned Member has made and subscribed these Articles of Organization this 3dd day of September, 2009.

Under penalties of perjury the undersigned Member declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Thomas I Hutchrson III, Member

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STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above referenced limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.

Thomas J. Hitchison III, Registered Agent

Dated: September 30 , 2009

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SECRETARY OF STATE

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