

L10000004973

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000008683 3)))



H10000008683ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407)246-8678
Fax Number : (407)423-7014

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.
Traverse Healthcare, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
10 JAN 13 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JAN 14 2010
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

Florida Dept. of State Electronic Filing
Facsimile Audit No. H100000080833

**Articles of Organization
of
Traverse Healthcare, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company is: Traverse Healthcare, LLC.

ARTICLE II — Address:

The initial mailing address and street address of the principal office of the limited liability company is: 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

Article III — Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent of the limited liability company are: Gary D. Lipson, 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

Article IV — Management:

The limited liability company is to be managed by a manager or managers and is, therefore, a manager-managed company.

Article V — Indemnification:


This limited liability company shall indemnify and hold harmless its managers, directors, officers, employees, attorneys and agents to the fullest extent permitted by law.

FILED
10 JAN 13 AM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Dept. of State Electronic Filing
Facsimile Audit No. H100000080833

Florida Dept. of State Electronic Filing
Facsimile Audit No. H100000080833

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has signed and acknowledged these Articles of Organization on January 13, 2010.




Gary D. Lipson,
as Authorized Representative

FILED
10 JAN 13 AM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Statement Accepting Appointment as Registered Agent

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in the statement. 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 under Chapter 608, Florida Statutes.



Gary D. Lipson