

L10000038006

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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 LIMITED LIABILITY CO.

Carter Validus Broker Dealer Investment Management C

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

10 APR -8 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -8 AM 9:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

APR - 9 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carter Validus Broker Dealer Investment Management Company, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Penny Farr

Name of Person

Morris Manning & Martin, LLP

Firm/Company

3343 Peachtree Road, Ste 1600

Address

Atlanta, GA 30326

City/State and Zip Code

pfarr@mmmlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny Farr

Name of Person

at (404) 504-5468

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carter Validus Broker Dealer Investment Management Company, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4211 West Boy Scout Blvd. Ste 520
Tampa, Florida 33607

Mailing Address:

4211 West Boy Scout Blvd.
Ste. 520
Tampa, FL 33607

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lisa A. Drummond

Name

4211 West Boy Scout Blvd. Ste 520

Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33607

City, State, and Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

10 APR - 8 AM '07

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DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John E. Carter

4211 West Boy Scout Blvd. Ste 520

Tampa, Florida 33607

MGR

Merio Garcia, Jr.

3504 Cragmont Dr., Suite 100

Tampa, FL 33619

MGR

Mark Levey

1731 S. Kings Avenue

Brandon, FL 33511

MGR

Robert M. Winslow

8 Isle of Sicily

Winter Park, FL 32789

(Use attachment if necessary).

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Lisa A. Drummond, Authorized Representative

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
10 APR - 8 AM '10
SECRETARY OF STATE
DIVISION OF CORPORATIONS