

L10000078134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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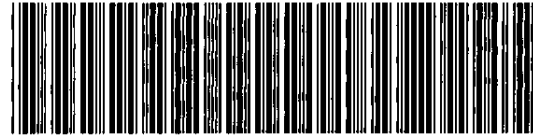
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/23/10--01027--014 **125.00

EFFECTIVE DATE

7/21/10

FILED
10 JUL 23 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. Galtman JUL 26 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SC Healthcare Ventures 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:

Ravinder N. Chopra

Name of Person

c/o The CN Group, Inc.

Firm/Company

114 E. 90th Drive

Address

Merrillville, IN 46310

City/State and Zip Code

dchildrens@thecng.com

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

For further information concerning this matter, please call:

Ravinder N. Chopra

Name of Person

at (219)

736-2700 Ext 223

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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:

SC Healthcare Ventures 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:

C/O The CN Group, Inc.

114 E. 90th Drive

Merrillville, IN 46310

Mailing Address:

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:

NBAI Services, Inc.
Name

2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box **NOT** acceptable)

Weston FL 33331
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

NBAI Services, Inc.

by: Lindsey Klemencic
Registered Agent's Signature (REQUIRED)
Lindsey Klemencic, Assistant Secretary

(CONTINUED)

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:

MGRM

Ravinder N. Chopra

505 N. Lakeshore Drive, Unit 4201

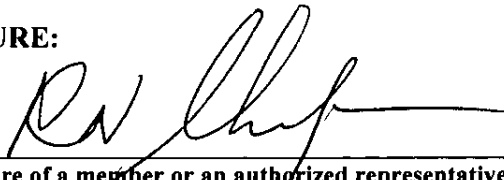
Chicago, IL 60611

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 21, 2010. (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.)

Ravinder N. Chopra

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)