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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

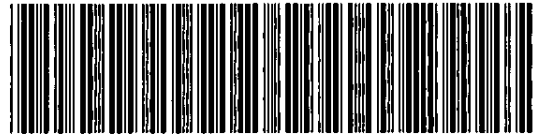
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
11 MAR 18 PM 3:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
MAR 25 2011  
EXAMINER

FILED  
11 MAR 21 PM 3:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** RICKY SOTO

**DATE:** 03/18/2011

**REF. #:** 000164.144783

**CORP. NAME:** ENVOY OF SOMERSET, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR 21 PM 3:45

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 539003 FOR \$ 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
ENVOY OF SOMERSET, LLC**

The undersigned hereby submits these Articles of Organization (these "*Articles of Organization*") for purposes of forming ENVOY OF SOMERSET, LLC, a Florida limited liability company, under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*.

**ARTICLE I – Name:**

The name of the limited liability company formed pursuant to the filing of these Articles of Organization is ENVOY OF SOMERSET, LLC, a Florida limited liability company (the "*Company*").

**ARTICLE II – Address:**

The mailing address of the Company is 800 Concourse Parkway South, Suite 200, Maitland, Florida 32751 and the street address of the principal office of the Company is 800 Concourse Parkway South, Suite 200, Maitland, Florida 32751.

**ARTICLE III – Duration:**

The period of duration for the Company shall be perpetual, unless dissolved in accordance with the terms of the Operating Agreement of the Company.

**ARTICLE IV – Adoption of Operating Agreement:**

The Company shall be governed by a written Operating Agreement adopted by its member(s), which Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization, or Chapter 608, *Florida Statutes*.

**ARTICLE V – Initial Registered Agent and Office:**

The initial registered agent for the Company shall be Sharon K. Mason and the street address of the Company's registered agent is 800 Concourse Parkway South, Suite 200, Maitland, Florida 32751.

DATED as of the 21<sup>st</sup> day of MARCH, 2011.



Joseph D. Conte, Authorized Representative

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11 MAR 21 PM 3:45

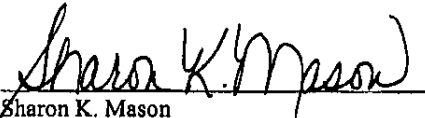
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, *Florida Statutes*, ENVOY OF SOMERSET, LLC 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 ENVOY OF SOMERSET, LLC.
2. The name and address of the registered agent and office is: Sharon K. Mason, 800 Concourse Parkway South, Suite 200, Maitland, Florida 32751.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, the undersigned, by and through its duly elected officer, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated this 21<sup>st</sup> day of MARCH, 2011.

  
\_\_\_\_\_  
Sharon K. Mason