

H110001285823ABC

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.

((H110001285823ABC))



H110001285823ABC

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 : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 395-2807

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

Email Address: DCUNDY@CUNDY.COM

FLORIDA LIMITED LIABILITY CO.

TC Bellevue Med, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED

11 MAY 10 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 11 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
OF
TC BELLEVUE MED, LLC**

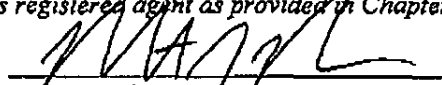
ARTICLE I. Name: The name of the Limited Liability Company is TC BELLEVUE MED, LLC (the "Company").

ARTICLE II. Address: The street address of the principal office of the Company is 333 East Las Olas Boulevard, Fort Lauderdale, FL 33301. The mailing address of the Company is P.O. Box 24080, Fort Lauderdale, FL 33307.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

Robert J. Robes, Esq.
Greenberg Traurig, P.A.
333 Avenue of the Americas, Suite 4400
Miami, FL 33131


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 in Chapter 608, Florida Statutes.


Robert J. Robes

ARTICLE IV. Management: The Company is to be managed by one or more members and is, therefore, a member-managed company. The name and address of the initial member are:

Thomas C. Cundy
333 East Las Olas Boulevard
Fort Lauderdale, FL 33301

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 10th day of May, 2011.


Robert J. Robes, Authorized Person

(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.)