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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

EFFECTIVE DATE 8/1/2012

SUBJECT: Oxford Capital Center, 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:

John P. Endicott

Name of Person

CDG Healthcare

Firm/Company

249 N Maitland Ave Ste 2000

Address

Altamonte Springs, FL 32701

City/State and Zip Code

endo@cdg-fl.com

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

For further information concerning this matter, please call:

John P. Endicott

Name of Person

at (407) 875-1590

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

EFFECTIVE DATE 8/1/2012

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, for purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I – Name

The name of the Limited Liability Company is
Oxford Capital Center, LLC

ARTICLE II – Address:

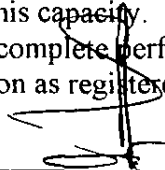
The mailing address and street address of the principal office of the Limited Liability Company is:
249 N. Maitland Ave, Suite 2000, Altamonte Springs, FL 32701

ARTICLE III – Registered Agent:

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

John P. Endicott
249 N. Maitland Ave, Suite 2000
Altamonte Springs, FL 32701

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 under Chapter 608, Florida Statutes


John P. Endicott, Registered Agent

ARTICLE IV – Management:

The Limited Liability Company is to be managed by one or more Members. The initial manager and its address are:

John W. Slavens
249 N. Maitland Ave, Suite 2000
Altamonte Springs, FL 32701

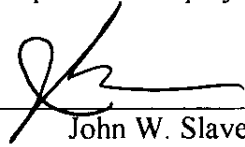
ARTICLE V – Effective Date

The effective date of this filing shall be August 1st, 2012.

ARTICLE VI – Members

The initial member of the Company shall be John W. Slavens. No other Person, as that term is defined in the Act, shall be admitted as a member of the Company unless the Manager shall consent in writing to the admission of such Person, such Person shall have executed and delivered the operating agreement of the Company as adopted and approved by the members and Manager of the Company, and such Person shall have paid in full the subscription price or capital contributions as provided for in the operating agreement of the Company.

IN accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.



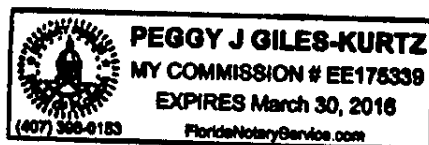
John W. Slavens
Authorized Representative

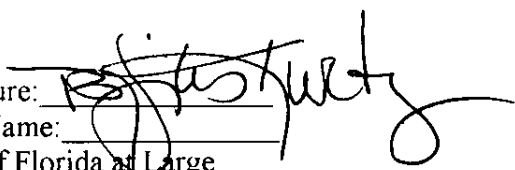
STATE OF FLORIDA
COUNTY OF SEMINOLE

Before me personally appeared John P. Endicott personally known to me to be the Authorized Representative of the above limited liability company who subscribed the above Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal this 3rd day of August, 2012.

NOTARY PUBLIC



Signature: 
Print Name: _____
State of Florida at Large
MY COMMISSION EXPIRES: _____