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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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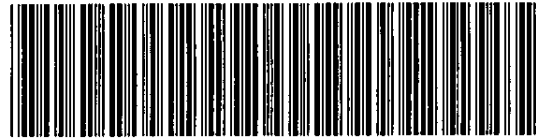
(Business Entity Name)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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D. BRUCE

NOV 30 2012

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 11/29/12

REF. #: 000164.176716

CORP. NAME: HOSPICE INVESTORS, LLC

- | | | |
|--|---|---|
| <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: | | |

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TALLAHASSEE, FLORIDA

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AND
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STATE FEES PREPAID WITH CHECK# 102100 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
HOSPICE INVESTORS, LLC**

The undersigned hereby submits these Articles of Organization (these "*Articles of Organization*") for purposes of forming HOSPICE INVESTORS, 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 HOSPICE INVESTORS, 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 by its membership or in accordance with the terms of an operating agreement, if any.

ARTICLE IV – Manager Management:

The Company shall be manager-managed. Except as designated in writing by the manager or in accordance with the terms of an operating agreement, if any, the Company shall have no officers.

ARTICLE V – Initial Registered Agent and Office:

The initial registered agent for the Company shall be NRAI Services, Inc., and the street address of the Company's registered agent is 515 E. Park Avenue Tallahassee, FL 32301.

DATED as of the 29th day of November, 2012.



Authorized Representative – Katie Wonsch

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

Pursuant to the provisions of Section 608.415, *Florida Statutes*, HOSPICE INVESTORS, 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 HOSPICE INVESTORS, LLC.
2. The name and address of the registered agent and office is: NRAI Services, Inc., 515 E. Park Avenue Tallahassee, FL 32301

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 29th day of November, 2012.

NRAI Services, Inc.

By: _____

Name: Katie Wonsch

Title: Assistant Secretary

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