

#L13000077511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

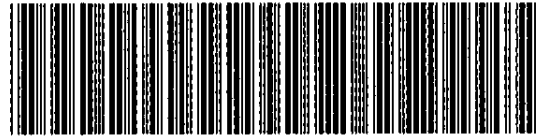
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
13 MAY 24 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
18 MAY 24 PM 1:52
DEPARTMENT OF STATE

K. SALY
EXAMINER
MAY 29 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 663015 4361720

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 125.00

ORDER DATE : May 24, 2013

ORDER TIME : 12:10 PM

ORDER NO. : 663015-010

CUSTOMER NO: 4361720

DOMESTIC FILING

NAME: ACCOUNTABLE CARE COALITION OF
ESCAROSA, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2013

CSC / SUSIE KNIGHT

RESUBMIT
Please give original
submission date as file date.

SUBJECT: ACCOUNTABLE CARE COALITION OF ESCAROSA, LLC
Ref. Number: W13000030729

We have received your document for ACCOUNTABLE CARE COALITION OF ESCAROSA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Name of company to be RA must read as it does on our data base.,

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 513A00013208

RECEIVED
DEPARTMENT OF STATE
13 MAY 28 PM 4:12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Accountable Care Coalition of EscaRosa, 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:

4888 Loop Central Drive

Suite 300

Houston, Texas 77081

Mailing Address:

4888 Loop Central Drive

Suite 300

Houston, Texas 77081

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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

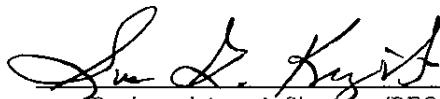
Tallahassee FL 32301

FL

City, State, and Zip

FILED
13 MAY 24 AM 9:44
SECRETARY OF STATE
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.



Sue G. Knight
Assistant Vice President

Registered Agent's Signature (REQUIRED)

(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:

Manager

Steve Carlton, Esq. / Collaborative Health Systems LLC

4888 Loop Central Drive

Houston, Texas 77081

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Steve Carlton, Esq.

Typed or printed name of signee

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)