Division of Corporations Page I of I

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> > (((H13000208620 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

; C T CORPORATION SYSTEM

Account Number : FCACO0000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

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FLORIDA LIMITED LIABILITY CO. FREH REAL ESTATE, L.L.C.

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Page Count	04
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(850) 245-6051.

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TO:	Registration S Division of Co			
SUBJ	<i>የታ</i> ረግሌ	FREH Real E	state, L.L.C.	
Bond		Name of Limit	ed Liability Company	
The e	nelosed Articles o	f Organization and foc(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	Katherine K. C	onnell		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
	1445 Ross Ave	enue, Suite 1400	Firm/Company	All the second s
			Address	
	Dallas, TX 752	202-2703		
		Çtı	y/State and Zip Code	ASS.
	kathy.connelle	tenethealth.com	for future annual report notification)	2000 XX
For fi	rther information	concerning this matter, please	•	in the second se
	erine K. Connell	•	459 893-2701	OROS OS
	Name	of Person	Area Code & Doytimo Telop	houe Number
Enclo	sed is a check f	or the following amount:	•	
□ \$12:	5.00 Piling 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 (uddhinnal copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taliahausee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	irole

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR MLORIDA LIMITED LIABILITY COMPANY

	i Estate, LL.C.		
	mitted Liability Company, "L.L.C.," or "LUC.")		
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the Limited Liability	y Company is:	
Principal Office Address:	Mailing Address:		
1445 Ross Avenue, Suite 1400	1445 Ross Avenue, Suite 1400		
Dallas, TX 75202-2703	Dalles, TX 75202-2703		
1200 8	s of the registered agent are: **Corporation System** Name South Pine Island Road a street address (P.O. Box NOT acceptable)	SECRETARY (ALLIAHASSEE	
Plantation	· ·	20 3	1 4
	City, State, and Zip	ප්දුදු ල	
,		stated timiters	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	,
MGRM	Tenet Florida, Inc.
	1445 Ross Avenue, Sulte 1400
	Dellas, TX 75202-2703
(Use attachment if necessary)	· ·
THE TREE YEAR AND	an the date of filing: (OPTIONAL)
effective date is listed, the date	must be specific and cannot be more than five business days
effective date is listed, the date o or 90 days after the date of fili	must be specific and cannot be more than five business days ng.)
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effective date is listed, the date of fills or 90 days after the date of fills recordance with section of a may a sure that any fulse	must be specific and cannot be more than five business days

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)