

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

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

Email Address: N/A

FLORIDA LIMITED LIABILITY CO.
ATS of SWFL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -8 AM 9:00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **ATS of SWFL, LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**11631 Old US 41, Suite 102
Fort Myers, FL 33912**

ARTICLE III - Registered Agent, Registered Office & Registered Agents Signature

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

Charles Abels Massie

Name

**15671 San Carlos Blvd - Suite 201
(P.O. Box or Mail Drop Box NOT acceptable)**

Fort Myers, FL 33908

(City/State/Zip)

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.



Registered Agent's Signature - Charles Abels Massie

ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company



Signature of manager

John Poland

Typed or printed name of signer



Signature of Managing member

John Jillett

Typed or printed name of signer

(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.)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA