

L13000149232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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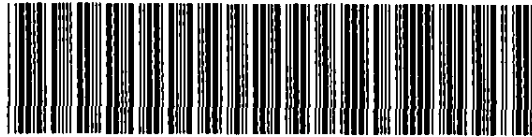
(Business Entity Name)

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P-5



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 854828 4144A

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 125.00

ORDER DATE : October 22, 2013

ORDER TIME : 9:51 AM

ORDER NO. : 854828-015

CUSTOMER NO: 4144A

DOMESTIC FILING

NAME: RMA MEDICAL CENTER OF SOUTH  
ORLANDO, 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: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
RMA MEDICAL CENTER OF SOUTH ORLANDO, LLC**

The undersigned, being a duly authorized representative of the Member(s), desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the limited liability company is RMA MEDICAL CENTER OF SOUTH ORLANDO, LLC (the "Company").

**ARTICLE II  
ADDRESS**

The principal and mailing address of the Company is:

4960 S.W. 72<sup>nd</sup> Avenue  
Suite #406  
Miami, FL 33155

**ARTICLE III  
REGISTERED AGENT AND OFFICE**

The Company designates 1201 Hays Street, Tallahassee, Florida 32301, Leon County, as the street address of the initial registered office of the Company and names Corporation Service Company as the Company's initial registered agent at that address to accept service of process within this state.

**ARTICLE IV  
DURATION AND CONTINUATION**

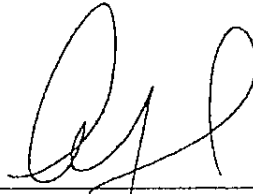
The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated in accordance with the Company's Operating Agreement.

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**ARTICLE V**  
**PURPOSE**

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida including activities within the United States and abroad.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal this 21<sup>st</sup> day of October, 2013.



\_\_\_\_\_  
Alberto M. Hernandez,  
Duly Authorized Representative of the  
Member(s)

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**TALLAHASSEE, FLORIDA**

## ACCEPTANCE OF REGISTERED AGENT

The undersigned agrees to act as registered agent for RMA MEDICAL CENTER OF SOUTH ORLANDO, LLC to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 608, Florida Statutes, and acknowledges that the undersigned is familiar with, and accepts, the obligations of such position on this 21<sup>st</sup> of October, 2013.

Corporation Service Company

By: 

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Brian Courtney**  
**Asst. V. Pres.**

#26144805v1

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