

L13 000 159166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

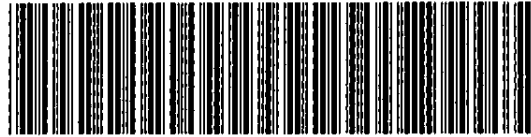
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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INC.**

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- ☐ **CERTIFIED COPY** _____
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1. HOSPITAL ASSOCIATES, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
HOSPITAL ASSOCIATES, LLC**

The undersigned, who is a duly licensed doctor of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is HOSPITAL ASSOCIATES, LLC.

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 3079 Twinleaf Avenue, Deltona, FL 32725.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 3079 Twinleaf Avenue, Deltona, FL 32725 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Prakash Motwani.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Prakash Motwani (MGRM)
3079 Twinleaf Avenue
Deltona, FL 32725

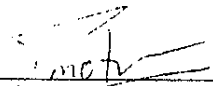
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FIFTH: The Limited Liability Company is to be managed by the Manager Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on November 5, 2013.



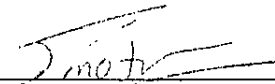
Prakash Motwani

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for HOSPITAL ASSOCIATES, LLC., hereby voluntarily consent to serve as Registered Agent for HOSPITAL ASSOCIATES, LLC.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: November 5, 2013



Prakash Motwani

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