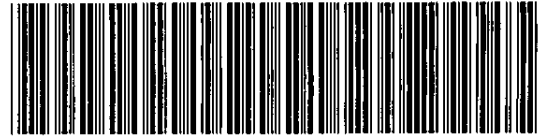


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

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CONTACT: KATIE WONSCH

DATE: 04/24/2014

REF. #: 7333782.9124481

CORP. NAME: FLORIDA HEALTHCARE PARTNERS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 10000708 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
FLORIDA HEALTHCARE PARTNERS, LLC  
(A Florida Limited Liability Company)**

**ARTICLE I  
NAME**

The name of the limited liability company (the "Company") is: Florida Healthcare Partners, LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Company are: 5201 Blue Lagoon Drive, Suite 270, Miami, FL 33126.

**ARTICLE III  
INITIAL REGISTERED OFFICE AND AGENT**

The name and Florida street address of the Company's initial registered agent are: NRAI Services, Inc., 1200 S. Pine Island Rd., FL 33324.

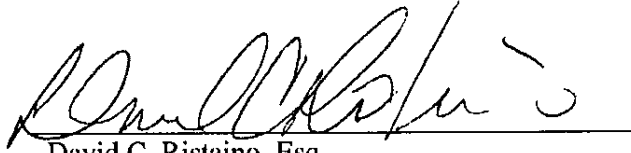
**ARTICLE IV  
EFFECTIVE DATE AND TIME**

These Articles of Organization are effective upon the filing of these Articles of Organization with the Florida Department of State.

*[Signature on the following page]*

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization  
this 24<sup>th</sup> day of April, 2014.



David C. Ristaino, Esq.,  
Authorized Representative

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**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **FLORIDA HEALTHCARE PARTNERS, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Acceptance this 24<sup>th</sup> day of April, 2014.

**NRAI SERVICES, INC.**

By: Katie Wonsch  
Name: Katie Wonsch  
Title: Assistant Secretary

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