

L14000129413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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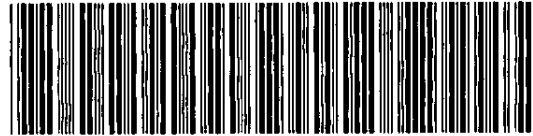
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
8/14/14

DIVISION OF CORPORATION

14 AUG 18 PM 1:46

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 18 AM 9:29

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N. Guilgan AUG 19 2014

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-222-1092

PRIMARY MEDICAL CENTER OF FLORIDA, LLC

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/18/2014

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Order#:
9245537

Ref#: _____

Amount: \$ _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

PRIMARY MEDICAL CENTER OF FLORIDA, LLC

1. Name. The name of this limited liability company is PRIMARY MEDICAL CENTER OF FLORIDA, LLC (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the laws of the State of Florida.

2. Duration. The Company's existence shall be effective as of August 11, 2014 and shall thereafter be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Principal Office. The mailing and street address of the Company's principal office is 4160 North Armenia Avenue, Suite A, Tampa, Florida 33607.

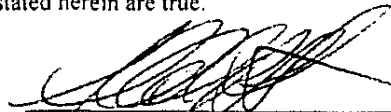
5. Registered Agent and Office. The name of the initial registered agent of the Company is F & L Corp. The street address of the initial registered agent of the Company is One Independent Drive, Suite 1300, Jacksonville, Florida 32202.

6. Management of the Company. The management of the Company shall be vested in the managers of the Company. The initial manager of the Company shall be Orlando Rangel.

7. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 18th day of August, 2014.

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



ALBERT P. SILVA

Authorized Representative of Member

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F & L CORP

Dated: August 18, 2014

By: 

ALBERT P. SILVA
Authorized Person

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TALLAHASSEE, FLORIDA