

L14000157722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

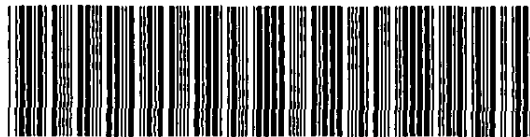
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OCT - 9 2014
A. LUNT

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RECEIVED
2014 OCT - 8 PM 4:29
SUFFOLK COUNTY
SUPERIOR COURT
CLERK OF COURT

FILED
2014 OCT - 8 AM 8:01
CLERK OF COURT
SUFFOLK COUNTY



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 328750 4304417

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 7, 2014

ORDER TIME : 9:02 AM

ORDER NO. : 328750-005

CUSTOMER NO: 4304417

FILED
OCT -8 AM 8:01

DOMESTIC FILING

NAME: SEASONS HOSPICE & PALLIATIVE
CARE OF TAMPA, 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: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEASONS HOSPICE & PALLIATIVE CARE OF TAMPA, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BONNIE YANCY

Name of Person

MUCH SHELIST, P.C.

Firm/Company

191 N WACKER DRIVE, SUITE 1800

Address

CHICAGO, IL 60606

City/State and Zip Code

. byancy@muchshelist.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Yancy

312

521-2184

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2014 OCT - 8 AM 8:01

FILED

SEASONS HOSPICE & PALLIATIVE CARE OF TAMPA, INC.

5200 Northeast Second Avenue
3rd Floor Stein Building
Miami, FL 33131-2706

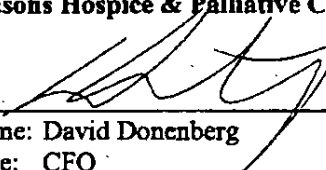
October 7, 2014

Registration Section
Division of Corporations
Florida Department of State
Clifton Building
Executive Center Circle
Tallahassee, FL 32301

Re: SEASONS HOSPICE & PALLIATIVE CARE OF TAMPA, LLC

Seasons Hospice & Palliative Care of Tampa, Inc., a Florida corporation, grants consent to "Seasons Hospice & Palliative Care of Tampa, LLC", a Florida limited liability company, to the use of such name in the State of Florida.

Seasons Hospice & Palliative Care of Tampa, Inc.



Name: David Donenberg
Title: CFO

FILED
OCT-8 AM 9:01
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEASONS HOSPICE & PALLIATIVE CARE OF TAMPA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5200 Northeast Second Avenue

3rd Floor Stein Building

Miami, FL 33137-2706

5200 Northeast Second Avenue

3rd Floor Stein Building

Miami, FL 33137-2706

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City

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 605, F.S.

Corporation Service Company

By: Courtney Williams

Registered Agent's Signature (REQUIRED)

Courtney Williams

Asst. Vice President

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Seasons Hospice & Palliative Care of Tampa, Inc.
5200 Northeast Second Ave, 3rd Fl Stein Bldg
Miami, FL 33137-2706

2014 OCT - 8 AM 8:01

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Connie Hyun, authorized representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)