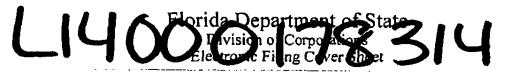
Division of Corporations

Page I of I



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(((H14000267276 3)))



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To:

From:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : C T CORPORATION S

Account Number : FCA000000023

Fax Number

: (850)222-1092 : (850)878-5368

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FLORIDA LIMITED LIABILITY CO. TFPS V, L.L.C.

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WOV 18 70Th
HENDARRIS

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: TEPS V	en.r.c		
		mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this n	natter to the following:	
Kristina A	1. Mack		
		Name of Person	
Tenet Flo	rida Physician Services, L.L	.c	······································
		Firm/Company	
1445 Ros	s Avenue, Suite 1400		
		Address	
Dallas, T	X 75202		
	C	Tity/State and Zip Code	•
glyndn.stewari@	tenethealth.com E-mail address: (to be use	d for future annual report notifice	ution)
For further informatio	n concerning this matter, ple	ssc call:	
Kristina A. Mack Nan	ne of Person	469) 893-6857 Area Code Daytime Tel	lephone Number
		•	•
Enclosed is a check fo	r the following amount:		
S125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address stration Section	Street/Courier Addy Registration Section	*655

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

850-617-6381 11/17/2014 1:32:15 PM PAGE 1/001 Fax Server



November 17, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: TFPS V, L.L.C.

REF: W14000069143

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Barris Regulatory Specialist II FAX Aud. #: H14000265569 Letter Number: 614A00024369

> date of submission

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

****	THE STATE OF THE S	-WIGON GET	III RULIADILI I	COMPANI	
ARTICLE I - Name The name of the Limi	ted Liability Company is:				
TFPS V, L.L.C.	(Must end with the words "Limited	Liability Co.	many "I I C "	or "14 C ")	
		Billomity Co.	npany, E.C.C.	Di Ecc. j	
The mailing address a	ess: and street address of the principal o	flice of the L	imited Liability (Company is:	
Principal Office Add	lress:	Mailing /	Address:		
1445 Ross Avenue, S Dalles, TX 75202	uite 1400		s Avenue, Suite X 75202	1400	
(The Limited Liability unother business entire	stered Agent, Registered Office, or Company cannot serve as its own by with an active Flurida registration rida street address of the registered	Registered A n.)			lor
	_	-			
	CT Corporali Name				
	1200 South Pine Florida street address (P.O. Box			•	
		. 1.75. 4445b.			
	Plantation City	FL.	33324 Zip	•	
	City		æų.		
the place designate capacity. I further a	ix registered agent and to accept set ed in this certificate, I hereby accept igree to comply with the provisions of am familiar with and accept the obl Chapt	the appointe of all statutes	vent as registered relating to the pr	l agent and agree to ac oper and complete per	t in this formance
	C T Corporation System				
	By: Comile E	Suga-			
•	Registered Agent's Signal	ture (REQUII	RED)	je jednagaa	
					#
	(CONTINU	ED)	•		
	Page Lof2				A0 88

M NOV 14 AM 9: 20

<u>Title:</u> "AMBR" → Authorized Member "MGR" = Manager	Name and Address:
MGR - Manager	Tenet Florida Physician Services, L.L.C.
	1445 Ross Avenue, Suite 1400
	Dallas, TX 75202
	•
•	
(Use attachment if necessary)	
EV: Effective date, if other than the cive date is listed, the date must of filing.)	he due of filing:
ective date is listed, the date mus	he date of filing:
ective date is listed, the date musi of filing.) EVI: Other provisions, if any.	he date of filing:
ective date is listed, the date musi of filing.) EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90
ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ustina A. Mack
E VI: Other provisions, if any. REQUIRED SIGNATURE:	while A Market of a member.
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the date must be seen as a second and seed as a second and second	when the specific and cannot be more than five business days prior to or 90 When A. Mack If a member or an authorized representative of a member, tion 605,0203 (1) (b). Florida Statutes, the execution of this document
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