## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000267563 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 (850) 222-1092

Fax Number

(850)878-5368

Enter the email address for this business entity to be used for future Bannual report mailings. Enter only one email address please.\*\*

Ema	11	Address:

## FLORIDA LIMITED LIABILITY CO.

## LIBERTY REAL ESTATE HOLDINGS III, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

19/15/2011

## ARTICLES OF ORGANIZATION OF LIBERTY REAL ESTATE HOLDINGS HI, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is LIBERTY REAL ESTATE HOLDINGS III, LLC

ARTICLE II: - Address

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

505 S. Hagler Drive Suite 1550 West Palm Beach, Florida 33401

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324

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, P.S.

NRAI SERVICES, INC., ns Registered Agent

Name: Michele Holden

Title: Assistant Secretary.

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Tille

Name and Address:

MOR

Liberty Medical Holdings, LLC 4385 N.W. 124<sup>th</sup> Avenue Coral Springs, Florida 33065

NOV 17 AN 9:28

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 17, 2014.

Anne C. Cataldo, 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 Section 817.155, Florida Statutes.)

Anne C, Cataldo
Typed or printed name of signeo

PILEU 2014 NOV 17 M 9 28 SECRETARES FIORIDA SECRETARIAS ESTA ORIDA