1/17/2014 216:32 sion of Corportions
Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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To: Division of Corporations Pax Number : (850) 617-6383
Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 C **Enter the email address for this business entity to be used for future U O **Enter the email address for this business entity to be used for future C **Enter the email address for this business entity to be used for future C **Enter the email address for this business entity to be used for future
<pre>LL C **Enter the email address for this business entity to be used for future LL C C Email Address:</pre>

## FLORIDA LIMITED LIABILITY CO.

LIBERTY REAL ESTATE HOLDINGS II, LLC

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

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

ARTICLE I: - Name The name of the Limited Liability Company is LIBERTY REAL ESTATE HOLDINGS II-LEC

ARTICLE II: - Address  $\Re \gtrsim$  The mailing address and street address of the principal office of the Limited Liability Company is:

505 S. Flaglor 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 ain familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

NRAI SERVICES, INC., os Registered Agent

Name: Mi Hol chele den Title: Assistant Secretary

ARTICLE IV: - Management

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

<u>Tide</u>:

Name and Address:

MGR

Liberty Medical Holdings, LLC 4385 N.W. 124<sup>th</sup> Avenue Coral Springs, Plorlda 33065 IN WITNESS WHEREOF, the undersigned has executed these Articles of Organizationson November 17, 2014.





(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics 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 signee

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